

REQUEST FOR ISSUANCE OF ABSTRACT OF JUDGMENT

DATE: _____

Please complete this form to have an Abstract of Judgment issued against the Defendant / Respondent. If the information is unknown, please note same.

CAUSE NO. _____

COURT: CCL / 258TH / 411TH
(Please circle)

STYLE OF CASE: _____

VS. _____

Plaintiff's last known address: _____

Defendant's last known address: _____

Defendant / Respondent's Date of Birth: _____

Defendant / Respondent's Social Security No: _____

Defendant / Respondent's Driver's License No.: _____

Date of Judgment: _____ Amount of Judgment:\$ _____

Interest: _____

Attorney's Fees: _____

Credits: _____

Number of Abstracts Requested: _____

Requested by: _____

Address: _____

City / State / Zip: _____

Telephone No. _____

IF THERE ARE ADDITIONAL DEFENDANTS / RESPONDENTS - PLEASE ATTACH A SECOND PAGE WITH THE REQUIRED INFORMATION LISTING EACH DEFENDANT'S / RESPONDENT'S NAME WITH THEIR LAST KNOWN ADDRESS, DATE OF BIRTH, SOCIAL SECURITY NO., AND DRIVER'S LICENSE NO.