

CAUSE NUMBER _____

| | | |
|-------|---|----------------------|
| _____ | § | IN THE JUSTICE COURT |
| v. | § | |
| _____ | § | PRECINCT NO. 4 |
| | § | |
| | § | WILSON COUNTY, TEXAS |

REQUEST FOR ISSUANCE OF ABSTRACT OF JUDGMENT

Complete this form to request the issuance of an Abstract of Judgment. Return this form along with the \$5.00 fee for each copy requested to Wilson County Justice Court, Pct. 4, 800 10th St., Box 6, Floresville, Texas 78114.

NOTE: Upon receipt of the Abstract of Judgment, it is your responsibility to file it with the county clerk of the proper county and to pay any necessary filing fees. The Justice Court will not file this abstract with county clerk.

Date of Judgment: _____

Amount of Judgment: _____

Rate of Interest in Judgment: _____

Judgment Credit: _____
(total amount that has been paid towards judgment)

JUDGMENT CREDITOR

Name: _____

Address: _____

JUDGMENT DEBTOR

Name: _____

Address: _____

DL & State: _____

Date of Birth: _____

Social Sec. No: _____

Number of copies requested: _____

SIGNATURE

Request made by: _____

Phone Number: _____

Date: _____