

Case No. _____

Plaintiff

v.

Defendant(s)

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§
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§
§

In the Justice Court

Precinct 2, Place 1

County of Goliad, Texas

REQUEST FOR PROCESS

DATE OF JUDGMENT: _____/_____/20____

- Abstract of Judgment \$ 5.00
- Writ of Execution \$205.00 *Goliad County*

Service Address _____

<i>Addresses</i>	<i>Apt. #</i>	<i>City</i>	<i>Zip</i>
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- Alias Citation \$ 105.00 *Goliad County*

Service Address _____

<i>Addresses</i>	<i>Apt. #</i>	<i>City</i>	<i>Zip</i>
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- Certified Copy \$ 2.00 *first page, and 25¢ for each additional page*

DATE REQUESTED: _____/_____/20____

X _____

Plaintiff Defendant

Address _____

Phone (____) _____ FAX (____) _____

Emal: _____@_____.

Clerk: _____

File pulled and Fee Collected: \$ _____ Cash Check

Cashier: _____

DATE PAID _____/_____/20____, *RECEIPT NUMBER #* _____

Issuing Clerk: _____

Date Process Issued _____/_____/20____,

FILE MARK