

## **REQUEST FOR ABSTRACT OF JUDGMENT and/or EXECUTION**

*Please complete the following information to have an Abstract of Judgment and/or a Writ of Execution issued against the judgment debtor. Send completed form to District Clerk, 101 S. Dixon St., Rm 207, Gainesville, Texas 76240 along with \$8 for each Abstract and/or Execution and a self addressed stamped envelope. The Constable charges \$175 for the execution. Payments are to be made by cash, money order, or credit card (American Express, MasterCard, Visa and Discover). Credit card charges are subject to a 5% transaction fee of the total amount charged. This form and request can be submitted through [eFile Texas](http://www.eFileTexas.com). An Abstract of Judgment and/or Execution will not be issued until funds are received by the District Clerk's Office.*

Cause No. \_\_\_\_\_

Style: \_\_\_\_\_  
\_\_\_\_\_

Plaintiffs: \_\_\_\_\_

Defendants: \_\_\_\_\_

Judgment Creditors Name and Address: \_\_\_\_\_  
\_\_\_\_\_

Judgment Debtors Name and Address: \_\_\_\_\_  
\_\_\_\_\_

Judgment Debtors Drivers License No. and State: \_\_\_\_\_

Judgment Debtors Date of Birth: \_\_\_\_\_

Judgment Debtors Social Security No.: \_\_\_\_\_

Date of Judgment: \_\_\_\_\_ Pre-Judgment Interest: \_\_\_\_\_

Amount of Judgment: \_\_\_\_\_ Post Judgment Interest: \_\_\_\_\_

Attorney Fees: \_\_\_\_\_

Credits (include amounts paid and date paid): \_\_\_\_\_  
\_\_\_\_\_

Number of Abstracts Requested: \_\_\_\_\_ Number of Executions Requested: \_\_\_\_\_

Requested by: \_\_\_\_\_ Phone No. \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**If There Are Additional Judgment Debtor's Please Attach A Second Sheet With Required Information, Listing Each Debtor, With Last Known Address, Drivers License No., Social Security No. And Date Of Birth.**