

PETITION: DEBT CLAIM CASE (Rev. 9/2013)

CASE NO. (Court use only) _____

PLAINTIFF _____

§

IN THE JUSTICE COURT

VS.

§

PRECINCT _____

DEFENDANT(S) _____

§

FREESTONE COUNTY, TEXAS

Defendant's Address _____

COMPLAINT: The basis for the claim which entitles the plaintiff to seek relief against the defendant is:

RELIEF: Plaintiff seeks damages in the amount of \$_____.

SERVICE OF CITATION: Service is requested on defendants by personal service at home or work or by alternative service as allowed by the Rules of Practice in Justice Courts. Other addresses where the defendant(s) may be served are:

ADDITIONAL INFORMATION (CASE BASED ON CREDIT CARD, REVOLVING ACCOUNT, OR OPEN ACCOUNT):

Account/Credit Card Name: _____ Account Number (may be masked): _____

Date of Issue/Origination: _____ Date of Charge-Off/Breach: _____ Amount Owed \$_____ as of _____

ADDITIONAL INFORMATION (Case Based On Promissory Note OR Other Promise To Pay Personal OR Business Loan:

Date/Amount of Original Loan: _____, \$_____ Repayment Accelerated? _____ Date Final Payment

Due: _____. Amount due on Final Payment Date \$_____ Amount Due \$_____ as of _____.

ONGOING INTEREST: Plaintiff " *does*, or " *does not* seek ongoing interest. If so, this interest is based on the following contractual/statutory reason: _____ and should be at _____ %. \$_____ of interest due as of _____

ASSIGNMENT OF CLAIM: Plaintiff " *was*, or " *was not* assigned or otherwise transferred this claim. If so, the original claimant/creditor was _____, subsequent holders were _____, and the date the case was assigned/transferred to plaintiff was _____.

" If you wish to give your consent for the answer and any other motions or pleadings to be sent to your email address, please check this box, and provide your valid email address: _____.

Petitioner's Printed Name

Signature of Plaintiff or Attorney

DEFENDANT(S) INFORMATION (if known):

Date of Birth: _____

Address of Plaintiff's Attorney, if any or Plaintiff if none

* LAST 3 NUMBERS OF DRIVER LICENSE: _____

* LAST 3 NUMBERS OF SOCIAL SECURITY: _____

City State Zip

DEFENDANT'S PHONE NUMBER: _____

Phone & Fax No. of Plaintiff's Attorney, if any or Plaintiff if none