

NO. _____

_____ (PLAINTIFF)	X	IN THE JUSTICE COURT OF
VS.	X	FREESTONE COUNTY, TEXAS
_____ (DEFENDANT)	X	PRECINCT 3

REQUEST FOR ABSTRACT OF JUDGMENT

JUDGMENT DATE: _____

RECEIVED FROM DEFENDANT (TO DATE): _____

NUMBER OF ABSTRACTS REQUESTED: _____

FEE : **\$5.00** PER ABSTRACT

I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO FILE THE ABSTRACT(S) AND TO REMIT THE FILING FEE(S) TO THE COUNTY OR COUNTIES OF MY CHOICE.

__ Plaintiff OR __ Plaintiff's Agent

Plaintiff's Name: _____

Address: _____

City: _____ State ____ Zip _____

Phone Number: _____