

**PETITION: DEBT CLAIM CASE**

CASE NO. (court use only) \_\_\_\_\_

In the Justice Court, Pct 2, Montgomery County

PLAINTIFF \_\_\_\_\_

VS.

DEFENDANT(S): \_\_\_\_\_

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 Texas Justice Court Rules of Court. 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 was 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 court to contact you via email with time-sensitive information, 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: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

\*LAST 3 NUMBERS OF SOCIAL SECURITY: \_\_\_\_\_

\*DEFENDANT'S PHONE NUMBER: \_\_\_\_\_

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

**EFFECTIVE SEPTEMBER 1, 2017**

**\$51.00 FILING FEES**

**\$75.00 SERVICE FEES (PER DEFENDANT)**