

CAUSE NO. \_\_\_\_\_

\_\_\_\_\_  
PLAINTIFF

v.

\_\_\_\_\_  
DEFENDANT

§ IN THE JUSTICE COURT  
§  
§  
§ PRECINCT NO. THREE  
§  
§  
§ LAVACA COUNTY, TEXAS

**PETITION: DEBT CLAIM CASE**

**Defendant(s) address:** \_\_\_\_\_

**COMPLAINT:** The basis for the claim which entitles Plaintiff to seek relief against Defendant is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RELIEF:** Plaintiff seeks damages in the amount of \$ \_\_\_\_\_

**SERVICE OF CITATION:** Service is requested on Defendant(s) by:  personal service at home or work,  registered mail,  certified mail, return receipt requested. If required, Plaintiff requests alternative service as allowed by the Texas Rules of Civil Procedure. Other addresses where 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 Owed: \$ \_\_\_\_\_ 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 \_\_\_\_\_

The date the debt was assigned/transferred to Plaintiff was \_\_\_\_\_

I hereby request a jury trial. The fee is \$22 and must be paid at least 14 days before trial.

I hereby consent for the answer and any other motions or pleadings to be sent to my email address as follows: \_\_\_\_\_

\_\_\_\_\_  
Plaintiff's Printed Name

\_\_\_\_\_  
Signature of Plaintiff  
or Plaintiff's Attorney

**Defendant's Information** (if known):

Date of birth: \_\_\_\_\_

Last three digits of Driver License: \_\_\_\_\_

Last three digits of Soc. Sec. No.: \_\_\_\_\_

Phone No.: \_\_\_\_\_

\_\_\_\_\_  
Address of Plaintiff or Plaintiff's Attorney

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone & Fax No. of Plaintiff  
or Plaintiff's Attorney

# SERVICEMEMBER'S CIVIL RELIEF ACT

CASE NO. \_\_\_\_\_

DEFENDANT'S NAME \_\_\_\_\_

**AFFIDAVIT**  
**50 USC Sec. 520**

Plaintiff being duly sworn on oath deposes\* and says that defendant(s) is (are)

(CHECK ONE)

- not in the military
- not on active duty in the military and/or
- not in a foreign country on military service
- on active military duty and/or is subject to the Servicemembers Civil Relief Act of 2003
- has waived his/her rights under the Servicemembers Civil Act of 2003
- military status is unknown at this time

\_\_\_\_\_  
PLAINTIFF

(Select the applicable title under the signature for the jurat below)

Subscribed and sworn to before me on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY / CLERK

Notary Public in and for the State of Texas

\_\_\_\_\_  
SEAL

Clerk of the Justice Court

**\*Penalty for making or using false affidavit – a person who makes or uses an affidavit knowing it to be false, shall be fined as provided in Title 18, United States Code, or imprisoned for not more than one year or both.**

**To verify military status please use the following website. Please print verification and submit with this form. <https://scra.dmdc.osd.mil/>**

Case No: \_\_\_\_\_  
(Print court information exactly as it appears on your Petition)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In the (check one):

District  County  Justice Court of:

\_\_\_\_\_ County, Texas

## Certificate of Last Known Mailing Address

1. My name is: \_\_\_\_\_  
*First Middle Last*

2. I am the Petitioner in this case.

3. The Respondent's name is: \_\_\_\_\_  
*First Middle Last*

4. I certify that the last known mailing address I have for the Respondent is:

\_\_\_\_\_  
*Address City State Zip*

Respectfully submitted,



\_\_\_\_\_  
*Your Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Your Printed Name*

( )  
\_\_\_\_\_  
*Phone*

\_\_\_\_\_  
*Your Mailing Address*

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

*Email Address:* \_\_\_\_\_ *Fax # (if available)* \_\_\_\_\_