

CASE NO. _____

PLAINTIFF

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JUSTICE OF THE PEACE

VS.

PRECINCT 2

DEFENDANT

DENTON COUNTY TEXAS

REQUEST FOR ABSTRACT OF JUDGMENT

DATE OF REQUEST ____/____/____

DATE OF JUDGMENT ____/____/____

fee \$5.00 each Number Requested: _____

Payments from Defendant (to date): \$0.00 \$_____

Defendant's Identifiers: Date of Birth ____/____/____

Driver's License #: (last 3 digits) _____ State: _____

Social Security #: (last 3 digits) _____

Please mark one of the below:

- Please mail abstract to below address
- Please call at below number when abstract is available for pickup.

I understand it is my responsibility to file the Abstract(s) and to remit the filing fee(s) to the county or counties of my choice.

Signed _____

Address _____

Phone (____) _____