

CAUSE NO. _____

PLAINTIFF

Vs.

DEFENDANT

JUSTICE OF THE PEACE

PRECINCT ONE

DENTON COUNTY, TEXAS

REQUEST FOR ABSTRACT

\$5.00 per abstract

Number Requested: _____

Plaintiff's Name and Address: _____

Defendant's Name and Address: _____

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

Defendant's Social Security # (last 3 digits): _____

Defendant's Date of Birth: _____

Date of Judgment: _____

Interest Rate ordered

Amount of Judgment: _____

in Judgment: _____

Attorney Fees: _____

Credits (include amount and date paid): _____

Please mark one:

Please mail abstract to address listed below

Please call number listed below when abstract is ready for pickup

I understand it is my responsibility to file the Abstract(s) with the county clerk's office in the county/counties of my choice.

Signed _____

Address _____

Email Address _____

Phone Number _____