

REQUEST FOR ABSTRACT OF JUDGMENT

Date: _____

Please process this request to have Judgment against the Defendant/Respondent abstracted. The information below is to be stated on the abstract.

CAUSE NUMBER: _____ JUDICIAL DISTRICT COURT

STYLE: _____
VS.

Creditor's last known address: _____

Debtor's last known address: _____

Debtor's Date of Birth: _____

Debtor's Social Security No: _____

Debtor's Driver's License Number: _____

Date of Judgment: _____

Amount of Judgment: _____

Judgment Credit, if any: _____

Number of Abstracts requested: _____

<p>Requested by:</p> <p>Law Firm: _____</p> <p>Attorney: _____</p> <p>Bar Number: _____</p> <p>Address: _____</p> <p>_____ City State Zip</p> <p>Phone Number: _____</p> <p><input type="checkbox"/> HOLD FOR PICKUP <input type="checkbox"/> RETURN BY MAIL (SEE BELOW)</p>
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Please return this request along with \$8 fee to:

Chris Daniel, District Clerk
P. O. Box 4651
201 Caroline, Suite 250
Houston, TX 77210-4651

ATTENTION: Effective June 1, 2010
For all Services provided by the District Clerks
Office requiring our office to MAIL something
back to the Requesting Party, we require a
Self-Addressed Stamped Envelope with sufficient
postage for mail back.