

CAUSE NO. _____

_____	§	IN THE JUSTICE COURT
Plaintiff(s)	§	
	§	
VS.	§	BRAZOS COUNTY, TEXAS
	§	
_____	§	
Defendant(s)	§	PRECINCT TWO

REQUEST FOR ABSTRACT OF JUDGMENT

Judgment Date: _____

Judgment Amount Awarded: _____

Monies Received From Defendant (to date): _____

Last 4 Digits of Defendant's DL: _____

Last 4 Digits of Defendant's SSN: _____

Defendant's DOB: _____

I understand that it is my responsibility to file Abstract(s) and to remit the filing fee(s) to the county or counties of my choice. The fee to issue an abstract of judgment is \$5.00 per abstract.

_____	_____	_____
Plaintiff	Plaintiff's Agent /Attorney	Date

Plaintiff's Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____