

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

PLAINTIFF	§ IN THE JUSTICE COURT
	§
	§
V.	§ PRECINCT NO. 3
	§
	§
DEFENDANT	§ ATASCOSA COUNTY, TEXAS

**PETITION: SMALL CLAIMS 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 \$ \_\_\_\_\_,  return of personal property as described as follows (be specific): \_\_\_\_\_, which has a value of \$ \_\_\_\_\_. Additionally, Plaintiff seeks the following:  
\_\_\_\_\_  
\_\_\_\_\_

**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: \_\_\_\_\_  
\_\_\_\_\_

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**

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