

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

\_\_\_\_\_  
PLAINTIFF

v.

\_\_\_\_\_  
DEFENDANT

§ IN THE JUSTICE COURT  
§  
§  
§ PRECINCT NO. 3  
§  
§  
§ 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: \_\_\_\_\_

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Plaintiff's Printed Name

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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.: \_\_\_\_\_

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Address of Plaintiff  
or Plaintiff's Attorney

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City

State

Zip

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