CAUSE NO._____
(court use only)

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

DEBT CLAIM PETITION

COMPLAINT: The basis for the claim which entitles the plaintiff to seek relief against the defendant is:

_____
_____
_____
_____
_____
_____

RELIEF: Plaintiff seeks damages in the amount of $_____.

SERVICE OF CITATION: Service is requested on defendants by personal service at home or work or by alternate service as allowed by the Rules of Practice in Justice Courts. Other addresses where the defendant(s) may be served are:

_____.

ADDITIONAL INFORMATION (CASE BASED ON CREDIT CARD, REVOLVING ACCOUNT, OR OPENT ACCOUNT):
Account/Credit Card Name:_____ Account Number (may be masked):_____.
Date of Issue/Origination:_____ Date of Charge-Off/Breach:_____ Amount Owed $_____ as of _____

ADDITIONAL INFORMATION (CASE BASED ON PROMISSORY NOTE OR OTHER PROMISE TO PAY PERSONAL OR BUSINESS LOAN):
Account/Credit Card Name:_____ Account Number (may be masked):_____.
Date of Issue/Origination:_____ Date of Charge-Off/Breach:_____ Amount Owed $_____ as of _____

ONGOING INTEREST: Plaintiff ☐ does, or ☐ does not seek ongoing interest. If so, this interest is based on the following contractual or statutory reason:_____ and should be at _____%. $_____ of interest was due as of _____, 20____.

ASSIGNMENT OF CLAIM: Plaintiff ☐ was or ☐ was not assigned or otherwise transferred this claim. If so, the original claimant or creditor was:_____, subsequent holders were _____ and the date the case was assigned/transferred to plaintiff was _____, 20___.

☐ **If you wish to give your consent for the answer and any other motions or pleadings to be sent to your email address, please check this box, and provide your valid email address:_____.**

DEFENDANT(S) INFORMATION (if known):

_____
Address of Defendant(s)

_____
City State Zip

DATE OF BIRTH:_____

*LAST 3 NUMBERS OF DRIVERS LICENSE:_____

*LAST 3 NUMBERS OF SOCIAL SECURITY:_____

DEFENDANT'S PHONE NO._____

_____
Signature of Plaintiff or Attorney

_____
Petitioner's Printed Name

_____
Address of Plaintiff's Attorney, if any, or Plaintiff if none

_____
City State Zip

_____
Phone & Fax No. of Plaintiff's Attorney, if any, or Plaintiff if none

CAUSE NO._____
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_____	§	IN THE JUSTICE COURT
_____	§	
Plaintiff(s)	§	
VS.	§	PRECINCT FOUR
_____	§	
_____	§	
Defendant(s)	§	ATASCOSA COUNTY, TEXAS

NON-MILITARY AFFIDAVIT

Service-member's Civil Relief Act

Plaintiff being duly sworn on oath deposes* and says that defendant(s) are

(CHECK ONE)

☐ **not in the military**

☐ **not on active duty in the military and/or**

☐ **not in a foreign country on military service**

☐ **on active military duty and/or is subject to the Service-members Civil Relief Act of 2003**

☐ **has waived his/her rights under the Service-members Civil Relief Act of 2003**

☐ **military status is unknown at this time**

Facts supporting affidavit must be attached.

_____
PLAINTIFF

Subscribed and sworn to before me on this the _____day of_____, 20_____.

_____
NOTARY PUBLIC / CLERK OF THE COURT

Penalty for making or using false affidavit – a person who makes or uses an affidavit knowing it to be false, shall be fined as provided in Title 18, United States Code, or imprisoned for not more than one year or both.

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