

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

|           |   |                       |
|-----------|---|-----------------------|
| _____     | § | IN THE JUSTICE COURT  |
| PLAINTIFF | § |                       |
| v.        | § | PRECINCT NO. 2        |
| _____     | § |                       |
| DEFENDANT | § | JOHNSON COUNTY, TEXAS |

**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 Date of Birth: \_\_\_\_\_

**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.**

Plaintiff's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Plaintiff's Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Plaintiff's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_