PETITION: DEBT CLAIM CASE

CASE NO. (court use only) _____

In the Justice Court, Precinct Two, Angelina County, Texas

PLAINTIFF_____

VS.
DEFENDANT(S):_____
Defendant(s) contact info: _____

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 alternative service as allowed by the Texas Justice Court Rules of Court. Other addresses where the defendant(s) may be served are:
_____.

ADDITIONAL INFORMATION (CASE BASED ON CREDIT CARD, REVOLVING ACCOUNT, OR OPEN 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):
Date/Amount of Original Loan: _____, **$**_____ **Repayment Accelerated?** ____ **Date Final Payment Due:** _____
Amount Due on Final Payment Date $_____ **Amount Due $**_____ **as of** _____

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

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

☐ **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:** _____.

_____
Petitioner's Printed Name

_____
Signature of Plaintiff or Attorney

DEFENDANT(S) INFORMATION (if known):
DATE OF BIRTH:_____

*LAST 3 NUMBERS OF DRIVER LICENSE:_____
*LAST 3 NUMBERS OF SOCIAL SECURITY:_____

DEFENDANT'S PHONE NUMBER:_____

_____
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