

CAUSE NO. _____

Plaintiff(s)

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IN THE JUSTICE COURT

VS.

PRECINCT _____

Defendant(s)

GILLESPIE 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 DOB: _____

Number of Copy(s) Being Requested _____

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. The fee to issue an abstract of judgment is \$5.00 per abstract.

Plaintiff Plaintiff's Agent /Attorney

Date

Plaintiff's Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____