PETITION – DEBT CLAIM

CASE NO. _____

PLAINTIFF:_____ **IN THE JUSTICE COURT**

VS

DEFENDANT (S): _____ **PRECINCT 2, PLACE 1**
Defendant's Contact Information:_____
_____
_____
_____ **WICHITA COUNTY TX**

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 $_____, and / or return of personal property as described as follows (be specific) _____ which has a value 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: _____.**

_____ _____
Plaintiff's Printed Name Signature of Plaintiff or Attorney

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

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

_____
City State Zip

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

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

DEFENDANT'S PHONE NUMBER:_____