

REQUEST FOR ABSTRACT OF JUDGMENT

Date: _____

Please process this request to have Judgment against the Defendant/Respondent abstracted. The information below is to be stated on the abstract.

CAUSE NUMBER: _____ JUDICIAL DISTRICT COURT

STYLE: _____ VS. _____

Creditor's last known address: _____

Debtor's last known address: _____

Debtor's Date of Birth: _____

Debtor's Social Security No: _____

Debtor's Driver's License Number: _____

Date of Judgment: _____

Amount of Judgment: _____

Judgment Credit, if any: _____

Number of Abstracts requested: _____

Please Mail This Request To:

Law Firm: _____

Attorney: _____

Bar Number: _____

Address: _____

_____ City State Zip

Phone Number: _____

Requested by: _____