

REQUEST FOR ABSTRACT OF JUDGMENT

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

CAUSE NUMBER: _____

**JUSTICE OF THE PEACE, PCT 2, PL 1
JUSTICE COURT**

PLAINTIFF: _____

DEFENDANT: _____

Date of Judgment: _____

Amount of Judgment: _____

Judgment Credit, if any: _____

Creditor's name and last known address: _____

Debtor's name and last known address: _____

Debtor's date of birth: _____ Debtor's social security no.: _____

Debtor's driver's license no.: _____

Number of abstracts requested: _____ (**\$5.00 issuance fee per abstract**)

Please mail abstract to:

Attorney/Party: _____

Address: _____

City State Zip

Phone Number: _____

Requested by: _____ Date: _____

**Please submit completed request with issuance fee to Cameron County Justice of the Peace, Pct 2, Pl 1,
974 E. Harrison St., Brownsville, TX, 78526. (Cash, money order or cashier's check accepted)**