

CAUSE NO. \_\_\_\_\_

_____	§	IN THE JUSTICE COURT
Plaintiff(s)	§	
	§	
VS.	§	STEPHENS COUNTY, TEXAS
	§	
_____	§	
Defendant(s)	§	PRECINCT ONE

**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: \_\_\_\_\_

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.

_____	_____	_____
Plaintiff	Plaintiff's Agent	Date

Plaintiff's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_