



PETITION: DEBT CLAIM CASE

CASE NO. (court use only) _____ IN THE JUSTICE COURT, PCT. 1, GUADALUPE COUNTY, TEXAS

PLAINTIFF: _____

VS.
DEFENDANT(S) _____

Defendant(s) contact info: _____
ADDRESS CITY STATE ZIP

COMPLAINT: The basis for the claim which entitles the plaintiff ;seek relief against the defendant is:

RELIEF: Plaintiff seeks damages in the amount 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 BASE) 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 _____ 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 _____ 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:

Petitioner's Printed Name

Signature of Plaintiff or Attorney

DEFENDANT(S) INFORMATION (if known):

DATE OF BIRTH _____

Address of Plaintiffs or Attorney

LAST 3 NUMBERS OF DRIVER LICENSE _____

LAST 3 NUMBERS OF SOCIAL SECURITY _____

CITY STATE ZIP

DEFENDANT'S PHONE NUMBER _____

Phone of Plaintiff's Attorney/ Plaintiff

Sworn to and subscribed before me this _____ day of _____, 20_____

CLERK OF THE JUSTICE COURT OR NOTARY

Instructions: The Servicemembers Civil Relief Act applies to a civil proceeding in the Justice Courts. Before entering a default judgment against an individual defendant, the plaintiff must file with the court an affidavit stating whether or not the defendant is in the military service, showing necessary facts to support the affidavit, or stating that the plaintiff is unable to determine whether or not the defendant is in military service, if that is the case. The requirement for an affidavit may be satisfied by a written, signed document declared to be true under penalty of perjury. If it appears that the defendant is in military service, the court may not enter a judgment until after the court appoints an attorney to represent the defendant. If the court is unable to determine if the defendant is in military service, the court may require plaintiff to file a bond in an amount approved by the court.

A person who makes or uses an affidavit under this Act knowing it to be false, may be fined or imprisoned or both. 50 U.S.C. App. 501 et seq. To obtain certificates of service or non-service under the Servicemembers' Civil Relief Act, you may access the public website: <https://www.dmdc.osd.mil/appj/scra/scraHome.do>. This website will provide the current active military status of an individual.

Military Status Affidavit

Case No. _____ § In the Justice Court of
_____ § ""Guadalupe County, Texas
Plaintiff §
vs. §
_____ § Precinct _____, Place _____
Defendant §

BEFORE ME, on this day personally appeared" _____,
who, under penalty of perjury, stated that the following facts are true:

I am the Plaintiff attorney of record for the Plaintiff in this proceeding.

_____, Defendant, **is not** in military service.

_____, Defendant, **is** in military service.

I know this. because _____

_____.

I am unable to determine whether or not the Defendant is in military service.

Signed on _____

Signature
Printed Name: _____
Address: _____

Telephone: _____
Fax: _____
E-Mail Address: _____

SWORN TO AND SUBSCRIBED BEFORE ME on _____.

NOTARY PUBLIC, State of Texas