

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

\_\_\_\_\_  
PLAINTIFF

v.

\_\_\_\_\_  
DEFENDANT

§ IN THE JUSTICE COURT

§

§

§ PRECINCT NO. TWO

§

§

§ GRAYSON COUNTY, TEXAS

**REQUEST FOR ABSTRACT OF JUDGMENT**

DATE OF REQUEST \_\_\_\_/\_\_\_\_/\_\_\_\_

DATE OF JUDGMENT \_\_\_\_/\_\_\_\_/\_\_\_\_

\*\*\*\*\*

FEE \$5.00 EACH NUMBER REQUESTED: \_\_\_\_\_

PAYMENTS FROM DEFENDANT (TO DATE):  \$0.00  \$\_\_\_\_\_

DEFENDANT'S IDENTIFIERS: \_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

DRIVER'S LICENSE #: (LAST 3 DIGITS) \_\_\_\_\_ STATE: \_\_\_\_\_

SOCIAL SECURITY #: (LAST 3 DIGITS) \_\_\_\_\_

PLEASE MARK ONE OF THE BELOW:

- PLEASE MAIL ABSTRACT TO THE BELOW ADDRESS
- PLEASE CALL AT THE BELOW NUMBER WHEN ABSTRACT IS AVAILABLE FOR PICKUP

I UNDERSTAND IT IS MY REPONSIBILITY TO FILE THE ABSTRACT(S) AND TO REMIT THE FILING FEE(S) TO THE COUNTY OR COUNTIES OF MY CHOICE.

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SIGNED \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE (\_\_\_\_\_) \_\_\_\_\_