

NO: _____

PLAINTIFF(S)

VS.

DEFENDANT(S)

§

§

§

IN THE JUSTICE COURT

POLK COUNTY, TEXAS

PRECINCT ONE

REQUEST FOR ABSTRACT OF JUDGMENT

Judgment Date: _____

Received From Defendant (To Date): _____

Number of Abstracts Requested: _____

Fee: \$5.00 per abstract
enclose a money order or check

I understand that it is my responsibility to file the Abstract(s) and to remit the filing fee(s) to the county or counties of my choice.

Plaintiff Plaintiff's Agent

Plaintiff's Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____

Justice Court, Pct 1
101 West Mill Street, Ste. 152
Livingston, Texas 77351
TEL: 936.327.6841
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