REQUEST FOR ABSTRACT OF JUDGMENT

Date: _____

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

CAUSE NUMBER: _____ _____ **JUDICIAL DISTRICT COURT**

STYLE: _____

VS.

Creditor's last known address: _____

_____

Debtor's last known address: _____

_____

Debtor's Date of Birth: _____
Debtor's Social Security No: _____
Debtor's Driver's License Number: _____

Date of Judgment: _____

Amount of Judgment: _____

Judgment Credit, if any: _____

Number of Abstracts requested: _____

Requested by:

Law Firm: _____

Attorney: _____

Bar Number: _____

Address: _____

_____

City **State** **Zip**

Phone Number: _____

☐ **HOLD FOR PICKUP** ☐ **RETURN BY MAIL (SEE BELOW)**

Please return this request along with $8 fee to:
Loren Jackson, District Clerk
P. O. Box 4651
201 Caroline, Suite 250
Houston, TX 77210-4651

ATTENTION: Effective June 1, 2010
For all Services provided by the District Clerks Office requiring our office to MAIL something back to the Requesting Party, we require a Self-Addressed Stamped Envelope with sufficient postage for mail back.

This form can be found on our website at www.hcdistrictclerk.com

Revised 5/18/2010