

CAUSE NO. _____
(court use only)

Plaintiff(s)
VS.

Defendant(s)

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§

IN THE JUSTICE COURT

OF CHAMBERS COUNTY, TEXAS

PRECINCT _____

DEBT CLAIM PETITION

COMPLAINT: The basis for the claim which entitles the plaintiff to 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 alternate service as allowed by the Rules of Practice in Justice Courts. Other addresses where the defendant(s) may be served are:

ADDITIONAL INFORMATION (CASE BASED ON CREDIT CARD, REVOLVING ACCOUNT, OR OPENT 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 BASED ON PROMISSORY NOTE OR OTHER PROMISE TO PAY PERSONAL OR BUSINESS LOAN):

Account/Credit Card Name: _____ Account Number (may be masked): _____
Date of Issue/Origination: _____ Date of Charge-Off/Breach: _____ Amount Owed \$ _____ as of _____

ONGOING INTEREST: Plaintiff does, or does not seek ongoing interest. If so, this interest is based on the following contractual or statutory reason: _____ and should be at _____%. \$ _____ of interest was due as of _____, 20____.

ASSIGNMENT OF CLAIM: Plaintiff was or was not assigned or otherwise transferred this claim. If so, the original claimant or creditor was: _____, subsequent holders were _____ and the date the case was assigned/transferred to plaintiff was _____, 20____.

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: _____.

DEFENDANT(S) INFORMATION (if known):

Address of Defendant(s)

City State Zip

DATE OF BIRTH: _____

*LAST 3 NUMBERS OF DRIVERS LICENSE: _____

*LAST 3 NUMBERS OF SOCIAL SECURITY: _____

DEFENDANT'S PHONE NO. _____

Signature of Plaintiff or Attorney

Petitioner's Printed Name

Address of Plaintiff's Attorney, if any, or Plaintiff if none

City State Zip

Phone & Fax No. of Plaintiff's Attorney, if any, or Plaintiff if none