

Request for Abstract of Judgment

Date: _____

Number of Abstracts Requested: _____

(cost due at time of request - \$5.00 each)

Cause NO. _____ **COUNTY COURT AT LAW**

STYLE: _____

Plaintiff's last known address: _____

Defendant's last known address: _____

Defendant's Driver's License No.: _____

Defendant's Date of Birth: _____

Defendant's Social Security No.: _____

Date of Judgment: _____

Amount of Judgment: _____

Interest: _____

Court Costs: _____

Credits: _____

Requested by: _____

Address: _____

Telephone: _____