

CAUSE NO. _____

_____	§	IN THE JUSTICE COURT
PLAINTIFF	§	
	§	
v.	§	PRECINCT NO. TWO
	§	
_____	§	
DEFENDANT	§	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.

SIGNED _____

ADDRESS _____

PHONE (_____) _____