

REQUEST FOR ABSTRACT OF JUDGMENT

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: _____

Date of Judgment: _____

Amount of Judgment: _____

Judgment Credit, if any: _____

Creditor's name and last known address: _____

Debtor's name and last known address: _____

Debtor's date of birth: _____ Debtor's social security no.: _____

Debtor's driver's license no.: _____

Number of abstracts requested: _____ (\$8.00 issuance fee per abstract)

Please mail abstract to:			
Attorney/Party: _____			
Address: _____			
_____	_____	_____	_____
City	State	Zip	
Phone Number: _____			

Requested by: _____ Date: _____

Please submit completed request with issuance fee to the Brazoria County District Clerk's Office, 111 E. Locust, Room 500, Angleton, Texas, 77515. (Cash, money order or cashier's check accepted)