

Cause No. _____

Plaintiff _____	§	In the Justice Court of
vs. _____	§	Williamson County, Texas
Defendant (s) _____	§	Precinct 4

REQUEST FOR ABSTRACT OF JUDGMENT

Judgment Date: _____

Received From Defendant (To Date): _____

Number of Abstracts Requested: _____

Fee: \$5.00 per abstract, enclose a money order
or check

I understand that it is my responsibility to file the Abstract(s) and to remit the filing fee(s) to the
county or counties of my choice.

☐ Plaintiff ☐ Plaintiff's Agent

Plaintiff's Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____