

NO: _____

_____	§	IN THE JUSTICE COURT
<i>PLAINTIFF(S)</i>		
VS.	§	WILLIAMSON COUNTY, TEXAS
_____	§	PRECINCT ONE
<i>DEFENDANT(S)</i>		

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 _____

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