

CAUSE NO. _____

| | | |
|-----------|---|-------------------------------|
| _____ | § | IN THE JUSTICE COURT |
| PLAINTIFF | § | |
| | § | |
| v. | § | PRECINCT <u>2</u> PL <u>1</u> |
| | § | |
| _____ | § | |
| DEFENDANT | § | VAL VERDE COUNTY, TEXAS |

PETITION: REPAIR AND REMEDY CASE

COMPLAINT: Plaintiff files this petition against the above-named Defendant pursuant to Rule 509 of the Texas Rules of Civil Procedure and Section 92.0563 of the Texas Property Code because there is a condition in Plaintiff’s residential rental property that would materially affect the health or safety of an ordinary Plaintiff.

Information Regarding Residential Rental Property:

| | | | | | |
|----------------|-------------------|-------|--------|-------|----------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| Street Address | Unit No. (if any) | City | County | State | Zip Code |

Defendant’s Contact Information (to the extent known):

| | | | | | | |
|----------------|-------------------|-------|--------|-------|----------|-----------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Street Address | Unit No. (if any) | City | County | State | Zip Code | Phone No. |

SERVICE OF CITATION: Plaintiff requests service of the citation on the Defendant, and if required, alternative service pursuant to Rule 509.4 of the Texas Rules of Civil Procedure. Plaintiff will check the box next to each statement that is true: ___ Plaintiff received in writing Defendant’s name and business street address. ___ Plaintiff received in writing the name and business street address of Defendant’s management company. ___ The name of Defendant’s management company is _____. To Plaintiff’s knowledge, this is the management company’s contact information:

| | | | | | | |
|----------------|-------------------|-------|--------|-------|----------|-----------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Street Address | Unit No. (if any) | City | County | State | Zip Code | Phone No. |

___ The name of Defendant’s on-premises manager is _____. To Plaintiff’s knowledge, this is the on-premises manager’s contact information:

| | | | | | | |
|----------------|-------------------|-------|--------|-------|----------|-----------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Street Address | Unit No. (if any) | City | County | State | Zip Code | Phone No. |

___ The name of Defendant’s rent collector serving the residential rental property is _____. To Plaintiff’s knowledge, this is the rent collector’s contact information:

| | | | | | | |
|----------------|-------------------|-------|--------|-------|----------|-----------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Street Address | Unit No. (if any) | City | County | State | Zip Code | Phone No. |

PROPERTY CONDITION: The property condition materially affecting the physical health or safety of an ordinary Plaintiff that Plaintiff seeks to have repaired or remedied is:

LEASE AND NOTICE: Plaintiff will check the box next to each statement that is true:

The lease is oral. The lease is in writing. The lease requires the notice to repair and remedy a condition to be in writing. Plaintiff gave written notice to repair or remedy the condition on _____.

The written notice to repair or remedy the condition was sent by certified mail, return, receipt requested, or registered mail on _____.

Plaintiff gave oral notice to repair or remedy the condition on _____.

Name of person(s) to whom notice was given: _____

Place where notice was given: _____

RENT: At the time Plaintiff gave notice to repair or remedy the condition, Plaintiff's rent was: current (no rent owed); not current but Plaintiff offered to pay the rent and Defendant did not accept it; or not current and Plaintiff did not offer to pay the rent owed. Plaintiff's rent is due on the _____ day of the _____ month _____ week _____ (specify any other rent-payment period). Plaintiff's rent is \$_____ per _____ month _____ week _____ (specify any other rent-payment period). Plaintiff's rent: is not subsidized by the government is subsidized by the government as follows, if known: \$_____ paid by the government, and \$_____ paid by Plaintiff.

RELIEF REQUESTED: Plaintiff requests the following relief (check all that apply): a court order to repair or remedy the condition; a court order reducing Plaintiff's rent in the amount of \$_____ to begin on _____; actual damages in the amount of \$_____; a civil penalty of one month's rent plus \$500; attorney's fees; and court costs. Plaintiff states that the total relief requested does not exceed \$10,000, excluding interest and court costs but including attorney's fees.

I hereby request a jury trial. The fee is \$22 and must be paid at least 14 days before trial.

I hereby consent for the answer and any other motions or pleadings to be sent to my email address as follows: _____.

Plaintiff's Printed Name

Signature of Plaintiff
or Plaintiff's Attorney

Address of Plaintiff
or Plaintiff's Attorney

City State Zip

Phone & Fax No. of Plaintiff
Or Plaintiff's Attorney

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| | § | |
| _____ | § | VAL VERDE COUNTY, TEXAS |
| DEFENDANT | | |

PLAINTIFF'S CERTIFICATE OF LAST KNOWN ADDRESS

Pursuant to TRCP 503.1 Plaintiff is to certify to the court the last known address of the Defendant is as follows:

Name: _____

Address: _____

City/State/Zip: _____

Phone (optional): _____

I (plaintiff) _____, do hereby certify that this is the last known address of the defendant.

Signed this the _____ day of _____, 20____.

PLAINTIFF

Form 127 – SERVICE MEMBER’S CIVIL RELIEF ACT

CAUSE NO: _____

| | | |
|-----------|---|-----------------------------------|
| _____ | § | IN THE JUSTICE COURT |
| Plaintiff | § | |
| VS. | § | PCT. <u> 2 </u> PL <u> 1 </u> |
| | § | |
| _____ | § | VAL VERDE COUNTY, TEXAS |
| Defendant | | |

AFFIDAVIT
50 USC Sec. 520

Plaintiff being duly sworn on oath deposes* and says that defendant(s) is (are)

(CHECK ONE)

- not in the military
- not on active duty in the military and/or
- not in a foreign country on military service
- on active military duty and/or is subject to the Servicemembers Civil Relief Act of 2003
- has waived his/her rights under the Servicemembers Civil Act of 2003
- military status is unknown at this time

PLAINTIFF

Subscribed and sworn to before me on this the _____ day of _____, 20____.

NOTARY / CLERK

____ Notary Public in and for the State of Texas

____ Clerk of the Justice Court

SEAL

*Penalty for making or using false affidavit – a person who makes or uses an affidavit knowing it to be false, shall be fined as provided in Title 18, United States Code, or imprisoned for not more than one year or both.

NOTICE: THIS DOCUMENT CONTAINS SENSITIVE DATA



Cause Number: _____
(The Clerk's office will fill in the Cause Number when you file this form)

Plaintiff: _____
(Print first and last name of the person filing the lawsuit.)

And

In the _____ (check one):
Court _____
Number _____
 District Court
 County Court / County Court at Law
 Justice Court

Defendant: _____ Texas
(Print first and last name of the person being sued.) County _____

Statement of Inability to Afford Payment of Court Costs or an Appeal Bond

1. Your Information

My full legal name is: _____ My date of birth is: _____ / _____ / _____
First Middle Last Month/Day/Year

My address is: (Home) _____
(Mailing) _____

My phone number: _____ My email: _____

About my **dependents**: "The people who depend on me financially are listed below."

| <i>Name</i> | <i>Age</i> | <i>Relationship to Me</i> |
|-------------|------------|---------------------------|
| 1 _____ | _____ | _____ |
| 2 _____ | _____ | _____ |
| 3 _____ | _____ | _____ |
| 4 _____ | _____ | _____ |
| 5 _____ | _____ | _____ |
| 6 _____ | _____ | _____ |

2. Are you represented by Legal Aid?

I am being represented in this case for free by an attorney who works for a legal aid provider or who received my case through a legal aid provider. I have attached the certificate the legal aid provider gave me as 'Exhibit: Legal Aid Certificate.

-or-

I asked a legal-aid provider to represent me, and the provider determined that I am financially eligible for representation, but the provider could not take my case. I have attached documentation from legal aid stating this.

or-

I am not represented by legal aid. I did not apply for representation by legal aid.

3. Do you receive public benefits?

I do not receive needs-based public benefits. - or -

I receive these **public benefits/government entitlements** that are based on indigency:

(Check ALL boxes that apply and attach proof to this form, such as a copy of an eligibility form or check.)

- Food stamps/SNAP TANF Medicaid CHIP SSI WIC AABD
- Public Housing or Section 8 Housing Low-Income Energy Assistance Emergency Assistance
- Telephone Lifeline Community Care via DADS LIS in Medicare ("Extra Help")
- Needs-based VA Pension Child Care Assistance under Child Care and Development Block Grant
- County Assistance, County Health Care, or General Assistance (GA)
- Other: _____

4. What is your monthly income and income sources?

"I get this monthly income:

\$ _____ in monthly wages. I work as a _____ for _____.
Your job title Your employer

\$ _____ in monthly unemployment. I have been unemployed since (date) _____.

\$ _____ in public benefits per month.

\$ _____ from other people in my household each month: (List only if other members contribute to your household income.)

\$ _____ from Retirement/Pension Tips, bonuses Disability Worker's Comp
 Social Security Military Housing Dividends, interest, royalties
 Child/spousal support
 My spouse's income or income from another member of my household (If available)

\$ _____ from other jobs/sources of income. (Describe) _____

\$ _____ is my **total monthly** income.

5. What is the value of your property?

| "My property includes: | Value* |
|--|-------------------|
| Cash | \$ _____ |
| Bank accounts, other financial assets | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| Vehicles (cars, boats) <small>(make and year)</small> | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| Other property (like jewelry, stocks, land, another house, etc.) | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| Total value of property | → \$ _____ |

6. What are your monthly expenses?

| "My monthly expenses are: | Amount |
|--|-------------------|
| Rent/house payments/maintenance | \$ _____ |
| Food and household supplies | \$ _____ |
| Utilities and telephone | \$ _____ |
| Clothing and laundry | \$ _____ |
| Medical and dental expenses | \$ _____ |
| Insurance (life, health, auto, etc.) | \$ _____ |
| School and child care | \$ _____ |
| Transportation, auto repair, gas | \$ _____ |
| Child / spousal support | \$ _____ |
| Wages withheld by court order | \$ _____ |
| Debt payments paid to: <small>(List)</small> | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| Total Monthly Expenses | → \$ _____ |

*The value is the amount the item would sell for less the amount you still owe on it, if anything.

7. Are there debts or other facts explaining your financial situation?

"My debts include: (List debt and amount owed) _____

 _____"

(If you want the court to consider other facts, such as unusual medical expenses, family emergencies, etc., attach another page to this form labeled "Exhibit: Additional Supporting Facts.") Check here if you attach another page.

8. Declaration

I declare under penalty of perjury that the foregoing is true and correct. I further swear:

- I cannot afford to pay court costs.
- I cannot furnish an appeal bond or pay a cash deposit to appeal a justice court decision.

My name is _____ . My date of birth is : ____ / ____ / ____.

My address is _____
Street City State Zip Code Country

 _____ signed on ____ / ____ / ____ in _____ County, _____
Signature Month/Day/Year county name State