

CAUSE NO. _____

_____	§	IN THE JUSTICE COURT
PLAINTIFF	§	
v.	§	
	§	PRECINCT NO. <u>2</u> PL <u>1</u>
	§	
_____	§	
DEFENDANT	§	VAL VERDE COUNTY, TEXAS

PETITION: SMALL CLAIMS CASE

Defendant(s) address: _____

COMPLAINT: The basis for the claim which entitles Plaintiff to seek relief against Defendant is: _____

RELIEF: Plaintiff seeks: ___ damages in the amount of \$_____, ___ return of personal property as described as follows (be specific): _____, which has a value of \$_____. Additionally, Plaintiff seeks the following: _____

SERVICE OF CITATION: Service is requested on Defendant(s) by: ___ personal service at home or work, ___ registered mail, ___ certified mail, return receipt requested. If required, Plaintiff requests alternative service as allowed by the Texas Rules of Civil Procedure. Other addresses where Defendant(s) may be served are: _____

___ 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

Defendant's Information (if known):

Date of birth: _____

Last three digits of Driver License: _____

Last three digits of Soc. Sec. No.: _____

Phone No.: _____

Address of Plaintiff
or Plaintiff's Attorney

City State Zip

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

CAUSE NO: _____

_____	§	IN THE JUSTICE COURT
PLAINTIFF	§	
VS.	§	PCT. <u> </u> PL <u> </u>
	§	
_____	§	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