

Case No. _____

Plaintiff

v.

Defendant(s)

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§

In the Justice Court

Precinct 4 Place 1

County of Dallas, Texas

REQUEST FORM (MISCELLANEOUS)

DATE OF JUDGMENT: ____/____/20____

Abstract of Judgment \$5.00 DOB: _____ DL# (last 4 digits) _____ SSN (Last 4 digits) _____

Writ of Execution \$5.00 Writ Filing Fee \$150.00 Constable Service Fee (*Dallas County Only*)

Last Known Address _____
Address *City* *Zip*

* Amount of credit paid toward judgment (If any): \$ _____

Alias Citation \$ 5.00

Service Address _____
Address *City* *Zip*

Certified Copy \$2.00 *first page, and 25¢ for each additional page*

Regular Copy \$1.00 *first page, and 25¢ for each additional page*

Exemplified Copy \$1.00 *first page, and 25¢ for each additional page*

Will pick-up in person or request to email to me.

Email the document/s to: _____

Call me to pick up document/s at phone number: _____

DATE REQUESTED: ____/____/____

X _____

Plaintiff Defendant Non-Party

Address

Phone (____) _____

Email: _____@_____