

## REQUEST FOR ABSTRACT OF JUDGMENT

Date: \_\_\_\_\_

Please process this request to have Judgment against the Defendant abstracted. The information below is to be stated on the abstract.

Cause Number: \_\_\_\_\_ District Court

Style: \_\_\_\_\_

Plaintiff/Creditor's Name: \_\_\_\_\_

Defendant's Name: \_\_\_\_\_

Plaintiff/Creditor's last known address: \_\_\_\_\_

City State Zip

Defendant's last known address: \_\_\_\_\_

City State Zip

Defendant's Birth Date: \_\_\_\_\_

Last three numbers of Defendant's driver's license number: \_\_\_\_\_

Last three numbers of Defendant's Social Security Number: \_\_\_\_\_

Date of judgment: \_\_\_\_\_

Amount of judgment: \_\_\_\_\_

Judgment credit, if any: \_\_\_\_\_

Balance due on judgment: \_\_\_\_\_

Interest percentage\*: \_\_\_\_\_

Balance due, if any, for child support arrearage: \_\_\_\_\_

Judgment credit, if any: \_\_\_\_\_

Number of abstracts requested: \_\_\_\_\_

Please mail this writ to:

Law Firm: \_\_\_\_\_

Attorney: \_\_\_\_\_

Bar Number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Requested by: \_\_\_\_\_