REQUEST FOR POST-JUDGMENT WRITS

Date:_____

Please process this request for the following:

Writ of Supersedeas
Writ of Execution
Order of Sale in Tax Suit
Writ of Possession
Execution and Order of Sale
Writ of Execution for Turnover
Execution for Costs

Returnable in: _____ 30 days _____ 60 days _____ 90 days
Party requesting:_____
Cause Number:_____ _____ District Court
Style:_____
Name of Judgment Debtor or Party to be served:_____
Judgment Debtor's last known address: _____
_____City
State ZIP
Date of Judgment:_____
Amount of Judgment:_____
Interest percentage:_____
Amount of attorney fees, if any:_____
Judgment credit, if any:_____

Please mail this writ to:
Law Firm:_____
Attorney:_____
Bar Number:_____
Address:_____
_____
Phone Number:_____

THIS REQUEST IS MADE IN ACCORDANCE WITH THE TIME FRAMES SET OUT IN RULE 627, T.R.O.C.

Requested by:_____