

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:

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

Plaintiff/Creditor's last known address:

City State ZIP

Defendant's last known address:

City State ZIP

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: