

PETITION: DEBT CLAIM CASE

CASE NO. (court use only) _____

In the Justice Court, Precinct One, Goliad County, Texas

PLAINTIFF _____

VS.

DEFENDANT(S): _____

Defendant(s) contact info: _____

COMPLAINT: The basis for the claim which entitles the plaintiff to seek relief against the defendant is:

RELIEF: Plaintiff seeks damages in the amount of \$_____.

SERVICE OF CITATION: Service is requested on defendants by personal service at home or work or by alternative service as allowed by the Texas Justice Court Rules of Court. Other addresses where the defendant(s) may be served are:

ADDITIONAL INFORMATION (CASE BASED ON CREDIT CARD, REVOLVING ACCOUNT, OR OPEN ACCOUNT):

Account/Credit Card Name: _____ Account Number (may be masked): _____

Date of Issue/Origination: _____ Date of Charge-Off/Breach: _____ Amount Owed \$_____ as of _____

ADDITIONAL INFORMATION (CASE BASED ON PROMISSORY NOTE OR OTHER PROMISE TO PAY PERSONAL OR BUSINESS LOAN):

Date/Amount of Original Loan: _____, \$_____ Repayment Accelerated? _____ Date Final Payment Due: _____

Amount Due on Final Payment Date \$_____ Amount Due \$_____ as of _____

ONGOING INTEREST: Plaintiff does, or does not seek ongoing interest. If so, this interest is based on the following contractual/statutory reason: _____ and should be at ____%. \$_____ of interest was due as of _____.

ASSIGNMENT OF CLAIM: Plaintiff was, or was not assigned or otherwise transferred this claim. If so, the original claimant/creditor was _____, subsequent holders were _____ and the date the case was assigned/transferred to plaintiff was _____.

If you wish to give your consent for the answer and any other motions or pleadings to be sent to your email address, please check this box, and provide your valid email address: _____.

Petitioner's Printed Name

Signature of Plaintiff or Attorney

DEFENDANT(S) INFORMATION (if known):
DATE OF BIRTH: _____

Address of Plaintiff's Attorney, if any, or Plaintiff if none

*LAST 3 NUMBERS OF DRIVER LICENSE: _____
*LAST 3 NUMBERS OF SOCIAL SECURITY: _____

City State Zip

DEFENDANT'S PHONE NUMBER: _____

Phone & Fax No. of Plaintiff's Attorney, if any, or Plaintiff if none

THE SERVICEMEMBERS CIVIL RELIEF ACT

The Servicemembers Civil Relief Act ("SCRA") is a federal law which imposes certain procedural requirements in civil cases to protect members of the armed services and their families. These requirements apply to any court of any state whether or not the court is a court of record.

In any case in which the defendant does not make an appearance, before entering a judgment for the plaintiff the court "shall require the plaintiff to file with the court an affidavit:

- (A) stating whether or not the defendant is in military service and *showing necessary facts to support the affidavit*; or
- (B) if the plaintiff is unable to determine whether or not the defendant is in military service, stating that *the plaintiff is unable to determine whether or not the defendant is in military service*.

If the plaintiff fails to file an affidavit under the SCRA in an eviction case, the court may not grant a default judgment. Likewise, if the plaintiff files an affidavit stating that the defendant is not in military service, but fails to "show necessary facts to support the affidavit," the court may not grant a default judgment.

(Typically, plaintiffs will attach a printout from the Department of Defense website (<https://www.dmdc.osd.mil/scra/owa/home>) but they are not required to use that form as long as they show "necessary facts" to support the affidavit. For example, in one case a plaintiff attached an affidavit from the defendant's mother stating that he was not in military service.)

A source that can be used to determine the Military Status of a Defendant, is the following *Service Member's Civil Relief Act* website:
<https://www.dmdc.osd.mil/scra/owa/home>

Or, if you are unable to use this website you may request Active Duty Verifications by mail:

You must provide a SSN and a last name. The birth date is optional, but suggested when available. The SSN must match for the DMDC to identify an individual as on Active Duty.

Military verification requests by mail can be sent with a self-addressed stamped envelope to the following address.

Defense Manpower Data Center Attn: Military Verification 1600 Wilson Blvd., Suite 400 Arlington, VA 22209-2593

Please note Defense Manpower will not process your request without a self-addressed stamped envelope.

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

Defendant: _____
(Print first and last name of the person being sued.)

In the _____
(check any):
 District Court
 County Court / County Court at Law
 Justice Court

Court
Number

Texas

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."

Name	Age	Relationship to Me
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) <i>(make and year)</i>	\$ _____
_____	\$ _____
_____	\$ _____
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: <i>(List)</i>	\$ _____
_____	\$ _____
_____	\$ _____
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

Signature _____ signed on ____ / ____ / ____ in _____ County, _____
Month/Day/Year county name State