

Case No. _____

Plaintiff

v.

Defendant(s)

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§

In the Justice Court

Precinct 2, Place 1

County of Goliad, Texas

REQUEST FOR PROCESS

DATE OF JUDGMENT: ____/____/20____

- Abstract of Judgment \$ 5.00
- Writ of Execution \$205.00 *Goliad County*

Service Address _____
Addresses Apt. # City Zip

- Alias Citation \$ 105.00 *Goliad County*

Service Address _____
Addresses Apt. # City Zip

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

DATE REQUESTED: ____/____/20____

X _____
 Plaintiff Defendant

Address _____

Phone (____) _____ FAX (____) _____

Emal: _____@_____.

Clerk: _____
File pulled and Fee Collected: \$ _____ Cash Check

Cashier: _____
DATE PAID ____/____/20____, RECEIPT NUMBER # _____

Issuing Clerk: _____
Date Process Issued ____/____/20____,

