

CASE NO. (court use only) \_\_\_\_\_

PLAINTIFF \_\_\_\_\_

In the Justice Court

VS.

Precinct One

DEFENDANT(S): \_\_\_\_\_

Defendant(s) address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Jack County, Texas

**PETITION: SMALL CLAIMS CASE**

I hereby state that I am filing a Small Claims Case: A small claims case is a lawsuit brought for the recovery of money damages, civil penalties, or personal property. The claim can be for no more than \$10,000 excluding interest and court cost, but including attorney's fees, if any.

**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 \$ \_\_\_\_\_, and/or return of personal property as described as follows (be specific, listing each item and the value of each item) \_\_\_\_\_ plus cost of court.

Additionally, plaintiff seeks the following: \_\_\_\_\_  
\_\_\_\_\_

**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:

\_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

\*LAST 3 NUMBERS OF SOCIAL SECURITY: \_\_\_\_\_

DEFENDANT'S PHONE NUMBER: \_\_\_\_\_

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

SC \_\_\_\_\_

	)(	<b>IN THE JUSTICE COURT</b>
<b>Plaintiff</b>		
<b>VS</b>	)(	<b>PRECINCT ONE</b>
	)(	<b>JACK COUNTY, TEXAS</b>
<b>Defendant</b>		

**SERVICE MEMBER’S CIVIL RELIEF ACT AFFIDAVIT**

<b>STATE OF TEXAS</b>	)(
<b>COUNTY OF JACK</b>	)(

**BEFORE ME, the undersigned authority, personally appeared the below-named affiant, who upon oath deposed and stated:**

I am over the age of eighteen (18) years and am competent to make this affidavit. I am the

- Plaintiff
- Plaintiff’s agent in the above-entitled and numbered matter.

- I have:
- made a personal investigation
  - personally reviewed the business records of the Plaintiff

As a result of the investigation or review, it is my belief that the above-named defendant:

- is not in the military service on active duty, and is not a dependent of a service member on active duty.
- is in the military service on active duty
- I have been unable to determine whether or not the defendant is in the military service on active duty.

I understand that any false statements in this document are made under penalty of perjury, and that making a false statement is a violation of Federal Law and is subject to both fine and imprisonment.

SIGNED on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Affiant

SUBSCRIBED AND SWORN TO before me this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Court Clerk/Notary Public