

REQUEST FOR ABSTRACT OF JUDGMENT

Date: _____

Please process this request to have Judgment against the Defendant/Respondent abstracted. The information below is to be stated on the abstract.

CAUSE NUMBER: _____

STYLE: _____ VS. _____

Creditor's last known address: _____

Debtor's last known address: _____

Debtor's Date of Birth: _____ Debtor's Social Security No: XXX-XX-X_____
Debtor's Driver's License State: _____ Number: (last 3 digits)_____

Date of Judgment: _____ Amount of Judgment: _____

Judgment Credit, if any: _____

Number of Abstracts requested (\$5.00 each) _____

Requested by:

Plaintiff/Law Firm: _____

Agent/Attorney: _____

Address: _____

City State Zip

Phone Number: _____

HOLD FOR PICKUP _____

RETURN BY MAIL _____
(to whose attention)