



JUDGE LINDA SALAZAR

JUSTICE OF THE PEACE PCT. 2, PL. 1
835 E. LEVEE ST. BLDG. (2ND FLOOR)
BROWNSVILLE, TX 78520
TEL (956) 544-0857
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INFORMATION ON DEBT CLAIM CASES

The **RULES OF JUDICIAL ETHICS PROHIBITS THIS OFFICE FROM GIVING LEGAL ADVICE OR HEARING YOUR CASE WITHOUT THE PRESENCE OF THE DEFENDANT OR PLAINTIFF.** If you need legal counseling, we highly recommend any licensed Texas attorney. Your first meeting with the attorney is usually free because the lawyer is trying to determine if they can be of service to you.

To begin your lawsuit:

1. ***For Debt Claim-*** You need to complete the Civil Suit Petition forms with the total dollar amount; including court cost **\$146.00 (to sue a 2nd defendant add \$90.00)** and notary fee. ***PETITION FORMS MUST BE NOTARIZED.***
2. Once you return the form, the clerk will type a citation informing the defendant that they are being sued. This process takes a few days, if the person is at the location indicated on your form.
3. **The defendant receives the lawsuit and has ten (14) days to respond** the Office of the Justice of the Peace.
4. **Your case will be scheduled to be heard in court after the defendant is served with the lawsuit.**
5. **In a Civil Suit, Corporations must be represented by an Attorney-TRCP 7.**

REMEMBER, YOU MUST HAVE SUFFICIENT EVIDENCE PROVING THAT THE DEFENDANT IS GUILTY!! THE DEFENDANT IS INNOCENT AND IT IS YOUR JOB TO PROVE (WITH RECEIPTS, JOURNALS, RECORDS, POLICE REPORT, WITNESSES) TO THE JUDGE OR JURY THAT THE PERSON COMMITTED A WRONG. IF YOU DO NOT PROVIDE ENOUGH PROOF, THE CASE WILL BE DISMISSED.

Any case involving an auto accident, in which damages were incurred, should have three (3) estimates for repair of the vehicle.

If you have any questions concerning the forms from this office, please ask the clerk for some assistance. **IF YOU HAVE ANY LEGAL QUESTION, CONTACT LEGAL AID AT 546-5558 OR 1-800-369-2651!**

Thank you.

DEBT CLAIM CASE

CASE NO. (court use only) _____

**In the Justice Court Precinct 2-1
Cameron County, Texas**

PLAINTIFF _____

VS.

DEFENDANT(S): _____

Defendant(s) address 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 or 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:** _____

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
Sworn to and subscribed before me this ____ day of _____, 20__.

DEBT CLAIM CASE

CASE NO. (court use only) _____

**In the Justice Court Precinct 2-1
Cameron County, Texas**

PLAINTIFF _____

VS.

DEFENDANT(S): _____

Defendant(s) address 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 or 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: _____

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
Sworn to and subscribed before me this ___ day of _____, 20__.

No. _____

_____)	
)	IN THE JUSTICE COURT
VS.)	
)	PRECINT 2 PLACE 1
_____)	
)	CAMERON COUNTY, TEXAS

SERVICEMEMBERS CIVIL RELIEF ACT AFFIDAVIT

Plaintiff being duly sworn on oath deposes* and says that defendant(s) is (are)

(CHECK ONE)

- not in the military
- not on active duty in the military and/or
- not in a foreign country on military service
- on active military duty and/or is subject to the Servicemembers Civil Relief Act of 2003
- has waived his/her rights under the Servicemembers Civil Act of 2003
- military status is unknown at this time

PLAINTIFF

Subscribed and sworn to before me no this the ____ day of _____, 20__.

NOTARY PUBLIC

- Notary Public in and for the State of Texas

SEAL

***Penalty for making or using false affidavit – a person who makes or uses an affidavit knowing it to be false, shall be fined as provided in Title 18, United States Code, or imprisoned for not more than one year or both.**

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

In the *(check one):*
Court _____
Number _____
 District Court
 County Court / County Court at Law
 Justice Court

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

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