



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
FAX (956) 548-9573

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. _____

VS.

)
)
)
)
)
)

IN THE JUSTICE COURT
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
AVISO: ESTE DOCUMENTO CONTIENE INFORMACIÓN
CONFIDENCIAL



**Statement of Inability to Afford Payment
of Court Costs or an Appeal Bond**
**Declaración sobre Incapacidad de Pago de Costas
de Tribunal o de una Fianza de Apelación**

Cause Number
Número de Caso

The Clerk's office will fill in the Cause Number when you file this form.

El Secretario del Tribunal anotará el Número de Caso cuando usted presente este formulario.

v.

Copy information listed at the top left of the petition here.

Copie aquí la información ubicada en la parte superior izquierda del escrito de la demanda.

Copy information listed at the top right of the petition here.

Copie aquí la información ubicada en la parte superior derecha del escrito de la demanda.

Court Number
Número del Tribunal

_____, Texas

County
Condado

- District Court
Tribunal de Distrito
- County Court
Tribunal del Condado
- County Court at Law
Tribunal Estatutario
- Justice Court
Juzgado de Paz
- Probate Court
Juzgado Sucesorio

1. Your Information / Su Información

- My full legal name is / Mi nombre legal completo es

First Middle Last / Nombre de Pila Segundo Nombre Apellido

- My date of birth is / Mi fecha de nacimiento es

Month Day Year / Mes Día Año

- My address is / Mi dirección es

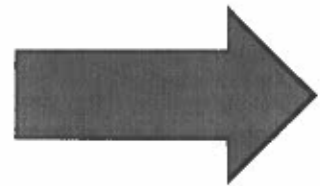
Home / Domicilio _____

Mailing / Dirección Postal _____

- My phone number / Mi número telefónico _____

- My email I check often / Mi correo electrónico que reviso con frecuencia

Go to next page



Pase a la siguiente página

2. About My Dependents / Mis Dependientes

"The people who depend on me financially are listed below." **Use initials only for children under 18.** If needed, attach a separate piece of paper to list more dependents.

"Las personas a continuación dependen económicamente de mí." **Use iniciales para los menores de 18 años** y, si es necesario, anexe una hoja por separado para enumerar a todos sus dependientes.

Name Nombre	Age Edad	Relationship to me Parentesco Conmigo

3. Are you represented by Legal Aid? ¿Está siendo representado por alguna entidad de asistencia legal?

Check only one box. Seleccione solo una casilla.

- 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."

Me está representando gratuitamente un abogado que trabaja para una entidad de asistencia legal o que recibió mi caso de una entidad de asistencia legal. El certificado que la entidad de asistencia legal me entregó lo adjunto bajo el título, "Anexo: Certificado de Asistencia Legal."

or / o

- I am not represented by legal aid.

No me está representando ninguna entidad de asistencia legal.



4. Public Benefits / Beneficios de Asistencia Pública

- Do you or any of your dependents receive public benefits?
¿Recibe usted o sus dependientes beneficios de asistencia pública?

Yes / Sí No / No

- If you answered yes, check all that apply and attach proof to this form, such as a copy of an eligibility form or check.

Si respondió con un Sí, marque todas las casillas que apliquen y adjunte a este formulario comprobantes, tales como una copia de la carta autorizando que reciba estos beneficios o una copia del cheque que recibe.

- | | |
|---|---|
| <input type="checkbox"/> Food stamps/SNAP
Cupones de comida/SNAP | <input type="checkbox"/> TANF |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> CHIP |
| <input type="checkbox"/> SSI/SSDI | <input type="checkbox"/> WIC |
| <input type="checkbox"/> Lifeline | <input type="checkbox"/> Public Housing or Section 8 Housing
Asistencia de Vivienda / Programa de
Vivienda bajo Sección 8 |
| <input type="checkbox"/> Low-Income Home Energy
Assistance
Asistencia con Energía
Eléctrica | <input type="checkbox"/> Community Care via HHS
Ayuda Comunitaria bajo HHS |
| <input type="checkbox"/> LIS in Medicare ("Extra Help")
Subsidio Adicional de Medicare
bajo el Programa LIS | <input type="checkbox"/> Needs-based VA Pension
Pensión para Veteranos de Guerra en
función a necesidades |
| <input type="checkbox"/> Child Care Assistance under
Child Care and Development
Block Grant
Asistencia con Guardería bajo
el Programa CCDBG | <input type="checkbox"/> County Assistance, County Health
Care, or General Assistance (GA)
Asistencia del Condado, Asistencia
Médica del Condado, o Asistencia
General (GA) |
| <input type="checkbox"/> Other / Otros beneficios | <input type="checkbox"/> Other / Otros beneficios |
- _____



5. What are your monthly income sources? ¿Cuáles son sus fuentes de ingresos mensuales?

➤ My take-home pay is \$_____ in monthly wages.

Mi pago neto es \$_____ en sueldo mensual.

➤ I work as a _____ (your job title) for _____ (your employer).

Yo trabajo como _____ (título de su puesto) para _____ (compañía o jefe).

➤ \$_____ is my total **monthly** income / son mis ingresos totales **al mes**.

These are my income sources. Estas son mis fuentes de ingresos.

➤ \$_____ in unemployment / en beneficios de desempleo.

I have been unemployed since _____ (date).

He estado desempleado desde _____ (indique fecha).

➤ \$_____ in public benefits / en beneficios de Asistencia Pública.

➤ \$_____ from people in my household other than my spouse / de ingresos de otras personas en mi hogar que no son de mi cónyuge.

➤ \$_____ from retirement or pension / de jubilación o pensión.

➤ \$_____ from tips or bonus / de propinas o bonos.

➤ \$_____ from disability / de discapacidad.

➤ \$_____ from worker's comp / de compensación al trabajador.

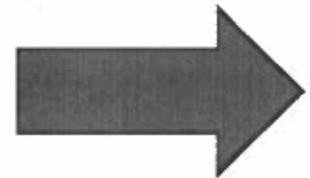
➤ \$_____ from social security / de seguro social.



- \$ _____ from military housing / de vivienda militar.
- \$ _____ from dividends, interest, or royalties / de dividendos, intereses, o regalías.
- \$ _____ from child or spousal support / de manutención de menores o manutención conyugal recibida.
- Answer only if your spouse is not your opponent. Responda tan sólo si su ccónyuge no es parte contraria en esta causa legal. \$ _____ from my spouse's income / de ingresos de mi cónyuge.
- \$ _____ from other jobs/sources of income / de otros trabajos/ fuentes de ingresos.

Describe / describa:

Go to next page



Pase a la siguiente página

6. What is the value of your assets or property? ¿Cuál es el valor de sus bienes o propiedades?

My property includes: Mis bienes incluyen:	Value / Valor The value is the amount the item would sell for less the amount you still owe on it, if anything. El valor de sus bienes es la cantidad por la que la propiedad o pertenencia se vendería, menos el monto que aún se adeuda, si lo hubiera.
➤ Cash Dinero en efectivo	\$
➤ Bank accounts, other financial assets Cuentas bancarias, otros bienes financieros	
	\$
	\$
	\$
➤ Cars and boats (make and year) Automóviles, lanchas (modelo y año)	
	\$
	\$
	\$
➤ Other property like jewelry, stocks, land, a second house. (Do not list your homestead.) Otros bienes como joyas, acciones, terrenos, una segunda casa. (No indique su hogar familiar.)	
	\$
	\$
	\$
Total Value of Property Valor Total de Sus Bienes	\$



**7. What are your monthly expenses that are not deducted from your paycheck?
¿Cuáles son sus gastos mensuales que no son descontados de su cheque de sueldo?**

My monthly expenses are: Mis gastos mensuales son:	Amount Cantidad
➤ Rent/house payments; maintenance Alquiler/hipoteca; mantenimiento de casa	\$
➤ Food and household supplies Alimentos y artículos para el hogar	\$
➤ Utilities and telephone Luz, gas, agua y teléfono	\$
➤ Clothing and laundry Ropa y lavado de ropa	\$
➤ Medical and dental expenses Gastos médicos y dentales	\$
➤ Insurance (life, health, auto, etc.) Seguros (de vida, médico, de automóvil etc.)	\$
➤ School and childcare Escuelas y guarderías	\$
➤ Transportation, auto repair, gas Transportación, reparaciones de automóviles, gasolina	\$
➤ Child/Spousal support Manutención a Menores/Manutención Conyugal	\$
➤ Debt payments to (list): Pagos por deudas hechas a (indíquelos):	
	\$
	\$
➤ Wages withheld by court order Sueldo retenido por orden judicial	\$
➤ Other expenses (list): Otros gastos (indíquelos):	
	\$
	\$
Total Monthly Expenses Gastos Totales Mensuales	\$



**8. Are there debts or other facts explaining your financial situation?
¿Hay deudas u otros factores que expliquen su situación económica?**

My debts include (list debt and amount owed):

Mis deudas incluyen (indique deuda y la cantidad que debe):

	\$
	\$
	\$
	\$
	\$

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."

Si usted desea que el tribunal considere otros factores, tales como gastos médicos excepcionales, emergencias familiares, etc., adjunte al formulario otra hoja con esta información y bajo el título, "Anexo: Información Adicional de Apoyo."

9. Ability to Pay Court Costs. Declaración sobre su Habilidad de Pagar Costas de Tribunal

Check only one box. Seleccione tan solo una casilla.

- I cannot afford to pay court costs. No puedo pagar las costas de tribunal.
- I cannot furnish an appeal bond or pay a cash deposit to appeal a justice court decision, and I cannot afford to pay court costs.

No puedo aportar una fianza de apelación ni pagar un depósito en efectivo para apelar la decisión judicial de un magistrado, y no puedo pagar costas de tribunal.

Go to next page



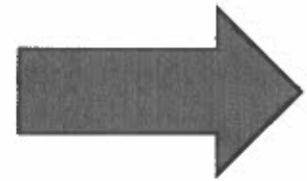
Pase a la siguiente página

10. Declaration/Affidavit. Declaración Escrita Bajo Juramento.

Fill out **only one** box. If you fill out the Declaration, you will not need to sign the form in front of a notary public. If you do not want to list your address for privacy or safety concerns, take the form and photo identification, and fill out the Affidavit box in front of a notary public.

Llene tan **solo una** opción. Si usted llena la Declaración, no necesitará firmar el formulario ante un notario. Si usted no quiere que aparezca su domicilio en el documento para conservar su privacidad o por motivos de su seguridad, lleve el formulario y una identificación con fotografía y llene la sección de la Declaración Escrita Bajo Juramento ante un Notario.

Go to next page



Pase a la siguiente página

Option 1 / Opción 1

Declaration: I declare under penalty of perjury that the foregoing is true and correct.

Declaración: Yo declaro bajo pena de perjurio que la información a continuación es correcta y verdadera.

➤ My name is / Mi nombre es

➤ My date of birth is / Mi fecha de nacimiento es

____/____/____

➤ My address is / Mi domicilio es

Street, city, zip, country

Calle y número, ciudad, estado, código postal, país

➤ _____

Signature

Firma

➤ 11/08/2022

Date (month, day, year)

Fecha (mes, día, año)

➤ _____

County, state

Condado, estado

Go to next page



Pase a la siguiente página

Option 2 / Opción 2

Affidavit: I swear under penalty of perjury that the foregoing is true and correct.

Declaración Escrita Bajo Juramento: Yo juro bajo pena de perjurio, que lo que precede es correcto y verdadero.

You fill out this section.
Usted llena esta sección.

- _____
Your printed name
Su nombre en letra de molde

- _____
Your signature
Su firma

The notary fills out this section.
El Notario llena esta sección.

- _____
Subscribed before me this day of
Juramentado y suscrito ante mí el día de hoy del mes de

_____, 20____

NOTARY
NOTARIO

