



**JUDGE LINDA SALAZAR**

JUSTICE OF THE PEACE PCT. 2, PL. 1  
835 E. LEVEE ST. BLDG. (2<sup>ND</sup> FLOOR)  
BROWNSVILLE, TX 78520  
TEL (956) 544-0857  
FAX (956) 548-9573

**INFORMATION ON SMALL CLAIMS CIVIL SUITS**

**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 Small Claims-*** You need to complete the Civil Suit Petition forms with the total dollar amount; including court costs **\$146.00 (to sue a 2<sup>nd</sup> 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 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.

**SMALL CLAIMS**

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

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

PLAINTIFF \_\_\_\_\_  
Plaintiff(s) address info: \_\_\_\_\_  
\_\_\_\_\_

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 \$ \_\_\_\_\_, and/or return of personal property as described as follows (be specific): \_\_\_\_\_, which has a value of \$ \_\_\_\_\_.  
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

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public in and for the state of Texas,  
My Commission expires on \_\_\_\_\_

**SMALL CLAIMS**

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

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

PLAINTIFF \_\_\_\_\_  
Plaintiff(s) address info: \_\_\_\_\_  
\_\_\_\_\_

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 \$ \_\_\_\_\_, and/or return of personal property as described as follows (be specific): \_\_\_\_\_, which has a value of \$ \_\_\_\_\_.  
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):

\_\_\_\_\_  
Address of Plaintiff's Attorney, if any, or Plaintiff if none

DATE OF BIRTH: \_\_\_\_\_

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

\*LAST 3 NUMBERS OF DRIVER LICENSE: \_\_\_\_\_

\*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\_\_

\_\_\_\_\_  
Notary Public in and for the state of Texas,  
My Commission expires on \_\_\_\_\_

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 \_\_\_\_\_

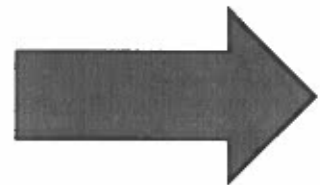
Mailing / Dirección Postal \_\_\_\_\_

- 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<br>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<br>Asistencia de Vivienda / Programa de<br>Vivienda bajo Sección 8   |
| <input type="checkbox"/> Low-Income Home Energy<br>Assistance<br>Asistencia con Energía<br>Eléctrica  | <input type="checkbox"/> Community Care via HHS<br>Ayuda Comunitaria bajo HHS   |
| <input type="checkbox"/> LIS in Medicare ("Extra Help")<br>Subsidio Adicional de Medicare<br>bajo el Programa LIS                                       | <input type="checkbox"/> Needs-based VA Pension<br>Pensión para Veteranos de Guerra en<br>función a necesidades   |
| <input type="checkbox"/> Child Care Assistance under<br>Child Care and Development<br>Block Grant<br>Asistencia con Guardería bajo<br>el Programa CCDBG | <input type="checkbox"/> County Assistance, County Health<br>Care, or General Assistance (GA)<br>Asistencia del Condado, Asistencia<br>Médica del Condado, o Asistencia<br>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.



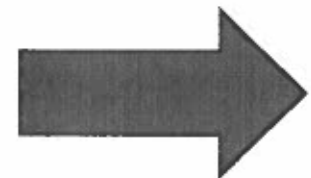
- \$ \_\_\_\_\_ from military housing / de vivienda militar.
- \$ \_\_\_\_\_ from dividends, interest, or royalties / de dividendos, intereses, o regalías.
- \$ \_\_\_\_\_ from child or spousal support / de manutención de menores o manutención conyugal recibida.
- Answer only if your spouse is not your 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:

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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.)	
	\$
	\$
	\$
<b>Total Value of Property</b> <b>Valor Total de Sus Bienes</b>	\$



**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):	
	\$
	\$
<b>Total Monthly Expenses Gastos Totales Mensuales</b>	<b>\$</b>



**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 duedas 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.

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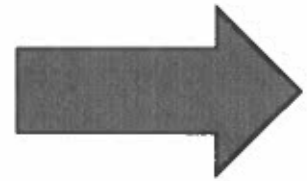
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**10. Declaration/Affidavit. Declaración Escrita Bajo Juramento.**

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

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➤ 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

