

JUDGE MARY ESTHER SOROLA
JUSTICE OF THE PEACE 2-3
835 E. LEVEE STREET 2ND FLOOR
BROWNSVILLE, TEXAS 78520
(956) 547-7068 / FAX: (956) 547-7067

INFORMATION ON 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 (but not always) free because the lawyer is trying to determine if they can be of service to you.

To begin your lawsuit:

1. You need to complete the Civil Suit forms with the total dollar amount **\$146.00** (\$56.00 filing fee+ \$90.00 service fee) add \$90.00 for additional defendants. The first 3 forms in our application **MUST BE NOTARIZED.**
2. Return the completed forms with **\$146.00 CASH (EXACT AMOUNT), MONEY ORDER, CASHIER'S CHECK, DEBIT/CREDIT CARD (ADDITIONAL 5%) ONLY!! NO CHECKS ACCEPTED.**
3. Once the form has been returned to our office a citation will be created and the defendant will be served. This process will take a few days.
4. Once the defendant receives the lawsuit has fourteen (14) days to respond to our office.
5. Your case will be scheduled to be heard in court approximately between 60 to 90 days after the defendant is served.
6. In a civil suit any **CORPORATION MUST BE REPRESENTED BY AN ATTORNEY.**
7. May sure to include court costs fees if you wish for them to be added to the remedy.

REMEMBER, IT IS YOUR JOB TO PRESENT ANY EVIDENCE (RECEIPTS, JOURNALS, RECORDS, POLICE REPORTS, WITNESSES, ETC) TO PROVE YOUR CASE.

Any case involving an AUTO ACCIDENT in which damages were incurred, should have three (3) estimates of repair.

Should you have any questions concerning the forms feel free to ask our clerks for assistance. If you have any **LEGAL QUESTIONS**, contact **LEGAL AID AT (956) 982-5540** or 1-800-369-2651 address 1206 E Van Buren Brownsville, Texas 78520

THANK YOU.

***NO CIVIL PROCEDURE IS EVER A GUARANTEE OF PAYMENT; IT IS ONLY AN ATTEMPT TO RECOVER A DEBT.**

THANK YOU

CIVIL SUIT CASE

CASE NO. (Court use only) _____

**In the Justice Court 2-3
Cameron County, Texas**

PLAINTIFF _____

VS.

DEFENDANT(S) _____

Defendant's address: _____

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 \$_____.

SERVICE OF CITATION: Service is requested on defendants by personal service at home, work or by the alternative service as allowed by the Texas Justice Court Rules of Court. Other addresses where the defendant(s) may be served are:

_____.

Please check this box if you wish to give your consent for the answer and any other motions or pleadings to be sent to your email address.

Please provide a valid email address: _____.

Petitioner's Printed Name

Signature of Plaintiff or Attorney

DEFENDANT(S) INFORMATION (if known):

Date of birth: _____

Address of plaintiff or plaintiff's attorney if any

*Last 3 numbers of driver license: _____

City State Zip

*Last 3 numbers of social security: _____

Defendant's Phone number: _____

Ph. & Fax# of Plaintiff or Plaintiff's attorney

Notary Public in and for the State of Texas

My Commission Expires _____

CIVIL SUIT CASE

CASE NO. (Court use only) _____

**In the Justice Court 2-3
Cameron County, Texas**

PLAINTIFF _____

VS.

DEFENDANT(S) _____

Defendant's address: _____

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 \$_____.

SERVICE OF CITATION: Service is requested on defendants by personal service at home, work or by the alternative service as allowed by the Texas Justice Court Rules of Court. Other addresses where the defendant(s) may be served are:

_____.

Please check this box if you wish to give your consent for the answer and any other motions or pleadings to be sent to your email address.

Please provide a valid email address: _____.

Petitioner's Printed Name

Signature of Plaintiff or Attorney

DEFENDANT(S) INFORMATION (if known):

Date of birth: _____

Address of plaintiff or plaintiff's attorney if any

*Last 3 numbers of driver license: _____

City State Zip

*Last 3 numbers of social security: _____

Defendant's Phone number: _____

Ph. & Fax# of Plaintiff or Plaintiff's attorney

Notary Public in and for the State of Texas

My Commission Expires _____

Case No. _____

_____	§	IN THE JUSTICE COURT
VS.	§	PRECINT 2 PLACE 3
_____	§	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 Service members Civil Relief Act of 2003
- Has waived his/her right under the Service members Civil Act of 2003
- Military Status is unknown at this time

PLAINTIFF

Subscribed and sworn to before me on 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.**