IN THE JUSTICE COURT OF EL PASO COUNTY, TEXAS PRECINCT NUMBER FIVE

(Plaintiff(s) Vs.	§ § NO § §
(Defendant(s)	§ §
REQUEST FOR ABSTRACT OF JUDGMENT	
JUDGMENT DATE://_	
RECEIVED FROM DEFENDANT (TO DATE): \$	
NUMBER OF ABSTRACTS REQUESTED: _	
ADDITIONAL DEFENDANT INFORMATION (IF KNOWN):	
DATE OF BIRTH://	
DRIVER'S LICENSE: X X X X X State - Number	Enter Last 3 Digits Only
SOCIAL SECURITY: XXX-XX	- X Enter Last 3 Digits Only
Today's Date:	
☐ Plaintiff's/ ☐ Agent's/ ☐ Attorney's Signature	Mailing Address
Printed Name	City, State, Zip
State Bar No.	Telephone and Fax