

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

PLAINTIFF(S)

VS.

DEFENDANT

§
§
§
§
§
§

CASE NO. _____

REQUEST FOR PROCESS

DATE OF JUDGMENT ____/____/____

____ **ABSTRACT OF JUDGMENT** Fee: \$5.00* Post Judgment Credit: \$ _____

If known:

Defendant's Date of Birth: ____/____/____

Driver's License: ____ - _____
State Last 3 digits

Social Security: - - _____
Last 3 digits

____ **WRIT OF POSSESSION** Fee: \$205.00

Service Address _____
Address APT#

City State/Zip

____ **WRIT OF EXECUTION** Fee: \$5.00*

DATE: ____/____/____

SIGNED: _____
ADDRESS: _____
PHONE NO. () _____
FAX NO. () _____

* FILING FEE IS BASED ON DEFENDANT'S NAMED ON JUDGMENT