	CAUSE NO	
	§ IN THE JUSTI	CE COURT
PLAINTIFF	§	
	§	
V.	§ PRECINCT	
	§	
	§	
DEFENDANT	§	COUNTY, TEXAS

## PETITION: REPAIR AND REMEDY CASE

**COMPLAINT:** Plaintiff files this petition against Defendant pursuant to Rule 509 and Texas Property Code § 92.0563, because there is a condition in Plaintiff's residential rental property that materially affects the health or safety of an ordinary tenant.

## Information Regarding Residential Rental Property:

Street Address	Unit No. <i>(if any)</i>					
City	County	State	Zip Code			
Defendant's Contact Informa	tion (to the extent known):					
Street Address	Unit No. <i>(if any)</i>					
City	County	State	Zip Code			
Phone Number: ()						
<b>SERVICE OF CITATION:</b> Plaint pursuant to Rule 509.4.	iff requests service of the citation on	the Defendant and, if rec	quired, alternative service			
The following are true (check	the box next to each statement that	is true):				
□ Plaintiff received in writing	; Defendant's name and business stre	et address.				
□ Plaintiff received in writing	the name and business street addre	ss of Defendant's manage	ment company.			
CONTACT INFORMATION (if I	known): Plaintiff provides the followi	ng contact information to	the best of their knowledge:			
Management Company's Cor	tact Information:					
Name						
Street Address	Unit No. <i>(if any)</i>					
City	County	State	Zip Code			
Phone Number: ()						
On-Premises Manager's Contact Information:						

Name

Str	eet Address	Unit No. (if any)				
City	y	County	State	Zip Code		
Pho	one Number: ()					
Rei	nt Collector's Contact Informatio	n:				
Nai	me					
Str	eet Address	Unit No. <i>(if any</i> )				
City	y	County	State	Zip Code		
Pho	one Number: ()					
	OPERTY CONDITION: The propert	or remedied is:	fecting the physical health or s			
	ASE AND NOTICE: The following a The lease is oral. The lease requires the notice to Plaintiff gave written notice to r Plaintiff gave a subsequent writt remedy the condition after givin	re true <i>(check the box ne</i> in writing. repair and remedy a cor epair or remedy the con ten notice to repair or re g the first notice. The su	ext to each statement that is the number of the statement that is the number of the statement that is the number of the statement of the state	, 20 asonable time to repair or		
	<ul> <li>, 20, 20</li> <li>Plaintiff gave written notice to repair or remedy the condition by certified mail, return, receipt requested, or registered mail or by another form of mail that allows tracking of delivery from the USPS or a private delivery service on, 20</li> </ul>					
	Plaintiff gave oral notice to repa person(s) to whom notice was g notice was given:	ir or remedy the condition iven:		Place where		
RE	NT: At the time Plaintiff gave noti					
	current ( <i>no rent owed</i> );		d to pay the rent and Defendar	nt did not accept it; or $\Box$ not		
	intiff's rent of \$ t-payment period).	is due on the day	of the $\Box$ month $\Box$ week $\Box$	(specify any other		
	intiff's rent: □ is not subsidized b paid by the gover			as follows, if known:		
REI	LIEF REQUESTED: Plaintiff reques	ts the following relief ( <i>ch</i>	neck all that apply):			

- □ a court order to repair or remedy the condition;
- a court order reducing Plaintiff's rent in the amount of \$ \_\_\_\_\_ to begin on \_\_\_\_\_\_
   20\_\_\_\_;
- □ actual damages in the amount of \$ \_\_\_\_\_;
- $\square$  a civil penalty of one month's rent plus \$500;
- $\hfill\square$  attorney's fees; and
- $\Box$  court costs.

**JURISDICTION:** Plaintiff states that the total relief requested does not exceed \$10,000, excluding interest and court costs but including attorney's fees.

## TRIAL:

- □ I request a jury trial. (*The fee is \$22 and must be paid at least 14 days before trial unless you file a Statement of Inability to Afford Payment of Court Costs in compliance with Texas Rule of Civil Procedure 502.3.*)
- $\hfill\square$  I do not request a jury at this time.

Respectfully submitted,

Signature of Plaintiff	Signature of Attorney, if any	
Printed Name:	Printed Name:	
Address:	Address:	
Email:	Email:	
Telephone:	Telephone:	
Fax:	Fax:	
	State Bar No.:	