

**PETITION: SMALL CLAIMS CASE**

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

In the Justice Court, Precinct \_\_\_\_\_, \_\_\_\_\_ County, Texas

PLAINTIFF \_\_\_\_\_

VS.

DEFENDANT(S): \_\_\_\_\_

Defendant(s) contact 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