



JUDGE LINDA SALAZAR

JUSTICE OF THE PEACE PCT. 2, PL. 1
835 E. LEVEE ST. BLDG. (2ND FLOOR)
BROWNSVILLE, TX 78520
TEL (956) 544-0857
FAX (956) 548-9573

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 free because the lawyer is trying to determine if they can be of service to you.

To begin your lawsuit:

1. **For Debt Claim-** You need to complete the Civil Suit Petition forms with the total dollar amount; including court costs **\$138.00**(to sue a 2nd defendant add **\$90.00**) and notary fee. *PETITION FORMS MUST BE NOTARIZED.*
2. Once you return the form, the clerk will type a citation informing the defendant that they are being sued. This process takes a few days, if the person is at the location indicated on your form.
3. The defendant receives the lawsuit and has 14 days to respond the Office of the Justice of the Peace.
4. Your case will be scheduled to be heard in court after the defendant is served with the lawsuit.
5. In a Civil Suit, Corporations must be represented by an Attorney-TRCP 7.

REMEMBER, YOU MUST HAVE SUFFICIENT EVIDENCE PROVING THAT THE DEFENDANT IS GUILTY!! THE DEFENDANT IS INNOCENT AND IT IS YOUR JOB TO PROVE (WITH RECEIPTS, JOURNALS, RECORDS, POLICE REPORT, WITNESSES) TO THE JUDGE OR JURY THAT THE PERSON COMMITTED A WRONG. IF YOU DO NOT PROVIDE ENOUGH PROOF, THE CASE WILL BE DISMISSED.

Any case involving an auto accident, in which damages were incurred, should have three (3) estimates for repair of the vehicle.

If you have any questions concerning the forms from this office, please ask the clerk for some assistance. **IF YOU HAVE ANY LEGAL QUESTION, CONTACT LEGAL AID AT 546-5558 OR 1-800-369-2651!**

Thank you.

DEBT CLAIM CASE

CASE NO. (court use only) _____

**In the Justice Court Precinct 2-1
Cameron County, Texas**

PLAINTIFF _____

VS.

DEFENDANT(S): _____

Defendant(s) address 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 \$ _____.

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:

ADDITIONAL INFORMATION (CASE BASED ON CREDIT CARD, REVOLVING ACCOUNT, OR OPEN ACCOUNT):

Account/Credit Card Name: _____ **Account Number (may be masked):** _____

Date of Issue/Origination: _____ **Date of Charge-Off/Breach:** _____ **Amount Owed \$** _____ **as of** _____

ADDITIONAL INFORMATION (CASE BASED ON PROMISSORY NOTE OR OTHER PROMISE TO PAY PERSONAL OR BUSINESS LOAN):

Date/Amount of Original Loan: _____, \$ _____ **Repayment Accelerated?** ____ **Date Final Payment Due:** _____

Amount Due on Final Payment Date \$ _____ **Amount Due \$** _____ **as of** _____

ONGOING INTEREST: Plaintiff does, or does not seek ongoing interest. If so, this interest is based on the following contractual/statutory reason: _____ and should be at ____%. \$ _____ of interest was due as of _____.

ASSIGNMENT OF CLAIM: Plaintiff , or not assigned or otherwise transferred this claim. If so, the original claimant/creditor was _____, subsequent holders were _____, and the date the case was assigned/transferred to plaintiff was _____.

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

Sworn to and subscribed before me this ____ day of _____, 20 ____.

DEBT CLAIM CASE

CASE NO. (court use only) _____

**In the Justice Court Precinct 2-1
Cameron County, Texas**

PLAINTIFF _____

VS.

DEFENDANT(S): _____

Defendant(s) address 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 \$ _____.

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:

ADDITIONAL INFORMATION (CASE BASED ON CREDIT CARD, REVOLVING ACCOUNT, OR OPEN ACCOUNT):

Account/Credit Card Name: _____ **Account Number (may be masked):** _____

Date of Issue/Origination: _____ **Date of Charge-Off/Breach:** _____ **Amount Owed \$** _____ **as of** _____

ADDITIONAL INFORMATION (CASE BASED ON PROMISSORY NOTE OR OTHER PROMISE TO PAY PERSONAL OR BUSINESS LOAN):

Date/Amount of Original Loan: _____, \$ _____ **Repayment Accelerated?** _____ **Date Final Payment Due:** _____

Amount Due on Final Payment Date \$ _____ **Amount Due \$** _____ **as of** _____

ONGOING INTEREST: Plaintiff does, or does not seek ongoing interest. If so, this interest is based on the following contractual/statutory reason: _____ and should be at _____%. \$ _____ of interest was due as of _____.

ASSIGNMENT OF CLAIM: Plaintiff or not assigned or otherwise transferred this claim. If so, the original claimant/creditor was _____, subsequent holders were _____, and the date the case was assigned/transferred to plaintiff was _____.

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

Sworn to and subscribed before me this _____ day of _____, 20____.

