

REQUEST FOR ABSTRACT OF JUDGMENT

DATE: _____

PLEASE PROCESS THIS REQUEST TO HAVE THE JUDGMENT AGAINST THE DEFENDANT ABSTRACTED. THE INFORMATION BELOW IS TO BE STATED ON THE ABSTRACT.

CAUSE NO: _____

STYLE: _____

PLAINTIFF/JUDGMENT CREDITOR: _____

CREDITORS LAST KNOWN ADDRESS: _____

DEFENDANT: _____

DEFENDANT ADDRESS: _____

DATE OF BIRTH: _____

LAST THREE OF SS#: _____

LAST THREE OF DL# _____

DATE OF JUDGMENT: _____

AMOUNT OF JUDGMENT: _____

AMOUNT OF COSTS: _____

ATTORNEY FEES: _____

POST JUDGMENT INTEREST RATE: _____

AMOUNT OF CREDITS: _____

BALANCE DUE ON JUDGMENT: _____

REQUESTED BY:

LAW FIRM: _____

ATTORNEY: _____

ADDRESS: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____

_____ HOLD FOR PICKUP

_____ RETURN BY MAIL