COMPLETE THIS FORM WHEN REQUESTING THE ISSUANCE OF AN *ABSTRACT OF JUDGMENT, WRIT OF EXECUTION OR ORDER OF SALE ONLY.*

**POST-JUDGMENT REQUEST FORM**

A COPY OF THE ORDER OR JUDGMENT MUST BE FURNISHED

Circle one: Small Claim, Civil or Debt Claim Cause No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Judgment date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Petitioner/Plaintiff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 VS

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Request: Deliver to: (Check One only)

Abstract of Judgment \_\_\_\_\_\_\_\_\_ Mail to Attorney \_\_\_\_\_\_

Execution \_\_\_\_\_\_\_\_\_ Attorney pick up \_\_\_\_\_\_

Order of Sale \_\_\_\_\_\_\_\_\_ County Clerk \_\_\_\_\_\_

 Sheriff or Constable \_\_\_\_\_\_

AMOUNT OF CREDIT PAID TOWARD JUDGMENT (If any): $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last known address of Judgment Debtor:

**PRECINCT/COUNTY: \_\_\_\_\_\_\_\_\_\_\_\_\_** Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Driver License: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ S.S.N. \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_ - \_\_\_\_\_\_

Attorney or Party making request information:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Issued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Deputy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Routed To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_