



JOHN D. KINARD
DISTRICT CLERK GALVESTON COUNTY

REQUEST FOR ABSTRACT OF JUDGMENT

Please process this request to have Judgment against the Defendant/Respondent abstracted.
The information below is to be stated on the abstract.

Date: _____

Cause Number: _____ Court: _____

Style: _____

Vs.

JUDGMENT CREDITOR INFORMATION:

Name of Judgment Creditor in Judgment: _____

Judgment Creditor Address : _____

JUDGMENT DEBTOR INFORMATION:

Name of Judgment Debtor in Judgment: _____

Judgment Debtor's Address: _____

Judgment Debtor DOB: _____

Last three numbers of Driver's License No.: _____

Last four numbers of Social Security No.: _____

JUDGMENT INFORMATION

Date of Judgment: _____

Amount of Judgment: _____

Post Judgment Interest Rate: _____

Attorney's Fees: _____

Amount of Costs: _____

Amount of Credits: _____

Balance Due on Judgment: _____

REQUESTED BY:

Attorney or Judgment Creditor Name: _____

Law Firm (if applicable): _____

Address: _____

Hold for Pickup

Return by Mail

SIGNATURE OF PERSON REQUESTING ABSTRACT: _____

Please return this request along with \$8 fee to: JOHN D. KINARD, District Clerk