



JOSE R. SALINAS
Justice of the Peace
Precinct 4, Place 1, Webb County, Texas

SMALL CLAIMS/CIVIL SUITS
REQUIREMENT LIST

**FILING FEE IS \$ 126.00 PAYABLE TO WEBB COUNTY
(CASH, MONEY ORDER, CREDIT CARD {3% FEE})**

YOU MUST SUBMIT A COMPLETE AND LEGIBLE FORM

Note: Please provide 2 copies of paperwork supporting your claim to the court when filing case.

- ___ Complete name, address and phone number of person(s) and/or company that suit is being filed against.
- ___ All invoices, receipts, expenses and any other documents totaling amount of claim. *(EXCLUDING COURT COSTS)*
- ___ Copies of photographs of any damage(s) pertaining to case.
- ___ IF AUTO ACCIDENT CLAIM – must provide three (3) Estimates of repairs.
- ___ Police Report *(IF APPLICABLE)*.
- ___ NOTARIZED Statements or affidavits pertaining to claim filed.

Any other proof that may substantiate your claim. If Person filing Civil Claim is not owner of business and will be representing company, MUST PROVIDE A Notarized Power of Attorney

TO PLAINTIFF: Bring your original documents on hearing date to present your case to the Judge.

You may obtain additional information packets and forms by visiting:
www.tjctc.org/SRL.



CAUSE NO. _____

PLAINTIFF
VS

DEFENDANT

* IN THE JUSTICE COURT
* PRECINCT NO. 4 PLACE NO. 1
* WEBB COUNTY TEXAS

PETITION: SMALL CLAIMS CASE

Defendant(s) address: _____
Street Address City, State, and Zip Code

COMPLAINT: The basis for the claim which entitles Plaintiff to seek relief against Defendant is:

RELIEF: Plaintiff seeks: damages in the amount of \$ _____ 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 Defendant(s) by: personal service at home or work, registered mail,
certified mail, return receipt requested. If required, Plaintiff requests alternative service as allowed by the Texas Rules of Civil
Procedure. Other addresses where Defendant(s) may be served are:

I hereby request a jury trial. The fee is \$22 and must be paid at least 14 days before trial.
I hereby consent for the answer and any other motions or pleadings to be sent to my email address as follows:

Petitioner's Printed Name
DEFENDANT'S INFORMATION (if known)
Date of Birth _____
Last three digits of Driver License _____
Last three digits of SSN _____
Phone No. _____
Phone No. _____

Signature of Plaintiff or Attorney

Address of Plaintiff or Plaintiff Attorney

City, State, Zip

PHN FAX

Phone & Fax No. of Plaintiff or Plaintiff Attorney

FILED ON THIS THE _____ DAY OF _____, 20_____.

CLERK OF THE JUSTICE COURT OR NOTARY PUBLIC SIGNATURE

