

CAUSE NO. _____

| | | |
|-----------|---|---------------------------|
| _____ | § | IN THE JUSTICE COURT |
| PLAINTIFF | § | |
| | § | |
| v. | § | PRECINCT NO. 3 |
| | § | |
| _____ | § | |
| DEFENDANT | § | NACOGDOCHES COUNTY, TEXAS |

PETITION: REPAIR AND REMEDY CASE

COMPLAINT: Plaintiff files this petition against the above-named Defendant pursuant to Rule 509 of the Texas Rules of Civil Procedure and Section 92.0563 of the Texas Property Code because there is a condition in Plaintiff’s residential rental property that would materially affect the health or safety of an ordinary Plaintiff.

Information Regarding Residential Rental Property:

| | | | | | |
|----------------|-------------------|-------|--------|-------|----------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| Street Address | Unit No. (if any) | City | County | State | Zip Code |

Defendant’s Contact Information (to the extent known):

| | | | | | | |
|----------------|-------------------|-------|--------|-------|----------|-----------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Street Address | Unit No. (if any) | City | County | State | Zip Code | Phone No. |

SERVICE OF CITATION: Plaintiff requests service of the citation on the Defendant, and if required, alternative service pursuant to Rule 509.4 of the Texas Rules of Civil Procedure. Plaintiff will check the box next to each statement that is true: Plaintiff received in writing Defendant’s name and business street address. Plaintiff received in writing the name and business street address of Defendant’s management company. The name of Defendant’s management company is _____. To Plaintiff’s knowledge, this is the management company’s contact information:

| | | | | | | |
|----------------|-------------------|-------|--------|-------|----------|-----------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Street Address | Unit No. (if any) | City | County | State | Zip Code | Phone No. |

The name of Defendant’s on-premises manager is _____. To Plaintiff’s knowledge, this is the on-premises manager’s contact information:

| | | | | | | |
|----------------|-------------------|-------|--------|-------|----------|-----------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Street Address | Unit No. (if any) | City | County | State | Zip Code | Phone No. |

The name of Defendant’s rent collector serving the residential rental property is _____. To Plaintiff’s knowledge, this is the rent collector’s contact information:

| | | | | | | |
|----------------|-------------------|-------|--------|-------|----------|-----------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Street Address | Unit No. (if any) | City | County | State | Zip Code | Phone No. |

PROPERTY CONDITION: The property condition materially affecting the physical health or safety of an ordinary Plaintiff that Plaintiff seeks to have repaired or remedied is:

| |
|-------|
| _____ |
| _____ |

LEASE AND NOTICE: Plaintiff will check the box next to each statement that is true:

The lease is oral. The lease is in writing. The lease requires the notice to repair and remedy a condition to be in writing. Plaintiff gave written notice to repair or remedy the condition on _____. The written notice to repair or remedy the condition was sent by certified mail, return, receipt requested, or registered mail on _____. Plaintiff gave oral notice to repair or remedy the condition on _____. Name of person(s) to whom notice was given: _____. Place where notice was given: _____

RENT: At the time Plaintiff gave notice to repair or remedy the condition, Plaintiff's rent was:

current (no rent owed); not current but Plaintiff offered to pay the rent and Defendant did not accept it; or not current and Plaintiff did not offer to pay the rent owed.

Plaintiff's rent is due on the ____ day of the month week _____ (specify any other rent-payment period). Plaintiff's rent is \$_____ per month week _____ (specify any other rent-payment period). Plaintiff's rent: is not subsidized by the government is subsidized by the government as follows, if known: \$_____ paid by the government, and \$_____ paid by Plaintiff.

RELIEF REQUESTED: Plaintiff requests the following relief (check all that apply): a court order to repair or remedy the condition; a court order reducing Plaintiff's rent in the amount of \$ _____ to begin on _____; actual damages in the amount of \$ _____; a civil penalty of one month's rent plus \$500; attorney's fees; and court costs. Plaintiff states that the total relief requested does not exceed \$10,000, excluding interest and court costs but including attorney's fees.

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: _____

Plaintiff's Printed Name

Signature of Plaintiff or Plaintiff's Attorney

Address of Plaintiff or Plaintiff's Attorney

City

State

Zip

Phone & Fax No. of Plaintiff Or Attorney

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AFFIDAVIT SEC.201(b) – MILITARY AFFIDAVIT

Before me, the undersigned authority, personally appeared _____, plaintiff, who under oath stated:

“My name is _____ (print name), Plaintiff.
I am over the age of 18 and of sound mind.”

The above Defendant:

- is not in the military
- is not on active duty in the military
- is on active military duty and/ or is subject to the Servicemembers Civil Relief Act of 2003.
- has waived his/her rights under the Servicemembers Civil Relief Act of 2003.
- military status is unknown at this time.

“Further Affiant sayeth not.”

Plaintiff’s Signature

Subscribed and sworn before me, this the _____ day of _____, 20____

Judge/Clerk of the Court/Notary Public

PENALTY FOR MAKING OR USING FALSE AFFIDAVIT – a person who makes or uses an affidavit knowing to be false, shall be fined as provided in Title 18 United State Code, or imprisoned for not more than one year, or both.

Only if the Affidavit establishes that the Defendant is not in an active servicemember can the Court proceed with a default judgment in the normal fashion.

Information pertaining to military status may be found through various websites, including but not limited to the U.S. Department of Defense site: <https://scra.dmdc.osd.mi>

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Certificate of Last Known Mailing Address

My name is: _____
First Middle Last

I am the Petitioner in this case.

The Respondent's name is: _____
First Middle Last

I certify that the last known mailing address I have for the Respondent is:

Address City State Zip

Respectfully submitted,

Plaintiff's Signature

Date