

CAUSE NUMBER: _____

(Plaintiff)	§	IN THE JUSTICE COURT
VS.	§	PRECINCT TWO
(Defendant)	§	ATASCOSA COUNTY, TEXAS

Plaintiff is ___ an individual; ___ a sole proprietorship; ___ a partnership; or ___ a corporation.

Defendant is ___ an individual; ___ a sole proprietorship; ___ a partnership; or ___ a corporation.

SERVICE OF CITATION: Service is requested on defendants by personal service at home or work or by alternative service as allowed by the Texas Justice Court Rules of Court.

Defendant’s Address for Service:

Other Addresses Where Defendant(s) May Be Served:

Agent for Service of Process (if applicable)	Agent for Service of Process (if applicable)
Street	Street
City, State, Zip	City, State, Zip

RESTRICTIVE COVENANT: The property made the basis of the violation is: *(Describe the property owned by the defendant made the basis of the violation of the restrictive covenant.)*

Restrictive covenants govern the property as follows: *(Describe the instrument creating the restrictions on use of the property, including recording information, and attach a certified copy of the instrument and copies of any other documents necessary to demonstrate that the restriction applies to the property in dispute.)*

DEED RESTRICTION VIOLATION: The Defendant violated the Restrictive Covenants as follows: *(Describe the nature of the violation, the date on which the violation first occurred, the action taken by the plaintiff to notify the defendant of the violation, and the defendant’s refusal to correct the violation. Violation may not concern a structural change to a dwelling. The term “dwelling” does not include an external structure, such as a carport, fence, storage building, or unattached garage.)*

RELIEF REQUESTED: Plaintiff requests that the Court find that the defendant is in violation of a deed restriction, and assess civil damages for the violation in an amount not to exceed \$200.00 for each day of the violation. Plaintiff requests recovery of its reasonable attorney's fees in the amount of \$ _____, together with costs of court, and any other relief to which the plaintiff may be entitled.

CONSENT TO EMAIL NOTIFICATION

If you wish to give your consent for the answer and any other motions or pleadings to be sent to your email address, please check this box, and provide your valid email address: _____.

Plaintiff's Printed Name

Signature of Plaintiff or Attorney

DEFENDANT(S) INFORMATION (if known):

DATE OF BIRTH: _____

*LAST 3 NUMBERS OF DRIVER LICENSE: _____

*LAST 3 NUMBERS OF SOCIAL SECURITY: _____

DEFENDANT'S PHONE NUMBER: _____

Address of Plaintiff's Attorney, if any, or Plaintiff if none

City State Zip

Phone & Fax No. of Plaintiff's Attorney, if any, or Plaintiff if none

SUBSCRIBED AND SWORN TO before me this _____ day of _____, _____.

JUSTICE COURT CLERK
PRECINCT TWO
ATASCOSA COUNTY, TEXAS

WARNING:
**THESE FORMS ARE FURNISHED AS A COURTESY OF
THE COURT. THE COURT, IN NO WAY ASSERTS THE
CORRECTNESS OR APPLICABILITY OF THIS FORM
AND INDEED OF ANY FORM. USE AT YOUR OWN RISK.**