

**REQUEST FOR CIVIL ABSTRACT, WRIT, OR ORDER OF SALE**

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

Number requested: Abstracts: \_\_\_\_\_ Writ of Execution: \_\_\_\_\_ Order of Sale: \_\_\_\_\_  
(\$8.00 each. FEE DUE AT TIME OF REQUEST)

Please complete this form to have an Abstract of Judgment, Writ of Execution, or Order of Sale issued. If the information requested is not known, please note same in space provided.

**CAUSE NO.** \_\_\_\_\_ **COURT:** \_\_\_\_\_

**STYLE:** \_\_\_\_\_

**Plaintiff's last known address:** \_\_\_\_\_  
\_\_\_\_\_

**Defendant's last known mailing address:** \_\_\_\_\_  
\_\_\_\_\_

**Defendant/Respondent's Driver's License No.:** \_\_\_\_\_

**Defendant/Respondent's Date of Birth:** \_\_\_\_\_

**Amount of Judgment:** \_\_\_\_\_

**Interest:** \_\_\_\_\_

**Attorney's Fees:** \_\_\_\_\_

**Credits:** \_\_\_\_\_

\*\*\*\*\*

**REQUESTED BY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY/STATE/ZIP:** \_\_\_\_\_

**TELEPHONE NO:** \_\_\_\_\_

If there are additional defendants, please attach a second page with the required information, listing each defendant's name, last known address, date of birth, and driver's license number.