



**DWIGHT D. SULLIVAN**  
**COUNTY 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: Galveston County Court at Law No. \_\_\_\_\_

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: \_\_\_\_\_

Address: \_\_\_\_\_

Hold for Pickup

Return by Mail

SIGNATURE OF PERSON REQUESTING ABSTRACT: \_\_\_\_\_

Please return this request along with \$5 fee to Dwight D. Sullivan, County Clerk