| Case No | |
|--|---|
| | § In the Justice Court |
| Plaintiff(s)/Landlord/(Actual Landlord) | § |
| Fiaintin(s)/Landiord/(Actual Landiord) | § Precinct One |
| | |
| Vs. | § |
| | § County of Grayson |
| List all Defendant(s)/Tenant(s) for which eviction is sought | § |
| | § State of Texas |
| COMPLAINT for EVICTION | MONTHLY RENT AMOUNT IS \$ |
| (For all addresses, you <u>MUST</u> include number, street, | apartment number, city, state, & zip code.) |
| Plaintiff, being duly sworn on oath, files this written | Plaintiff requires service of citation by personal service |
| Complaint against the above named Defendant(s) to | at the previously described premises or by alternate |
| Evict Defendant(s) from Plaintiff's premises, which is | service, if necessary, under Rule 742 or 742a. |
| Located in Justice of the Peace Pct. 1 of Grayson County | Any work or other known address for the |
| and which is described as: | Defendant(s) known to Plaintiff are as follows: |
| Property Address: | |
| | |
| | |
| | |
| Phono | |
| Phone: Fax: | Phone: Fax: |
| agreement, An oral agreement, occup default, other | ord tenant relationship by: (check one) a written lease or ancy after foreclosure sale, occupancy after contract for deed payment of rent, holding over, non-rent default by: |
| day of | on of the above described premises by the date described premises by mitting a forcible detainer. endant(s) for possession of the above described premises, for WRIT OF oday, plus accruing rent at the daily rate of \$ per day until the amount of \$, plus all cost of court, plus post-judgment X Landlord, Landlords authorized Agent or attorney (if any) Address: Phone: |
| SEX: | Fax: |
| RACE: | |
| SWORN to and SUBSCRIBED before me this | day of20 |
| (seal) | (Notary or Clerk of Court) |

| | | CAUSE NO | | |
|------------|---|---|---|--|
| | | § | IN THE JUSTICE COURT | |
| PLAINTIFF | | <u> </u> | | |
| | | § | | |
| ٧. | | § | PRECINCT ONE | |
| | | § | | |
| | | § | | |
| DEFENDANT | | § | GRAYSON COUNTY, TEXAS | |
| | | SERVICE MEMBERS | CIVIL RELIEF ACT AFFIDAVIT | |
| STATE OF | ΓEXAS |)(| | |
| COUNTY O | F GRAYSON |)(| | |
| l uı | nderstand that | any false statements in this | document are made under penalty of perjury, and that | |
| making a f | alse statement | is a violation of Federal Law | and is subject to both fine and imprisonment. | |
| | Plaintiff | | competent to make this affidavit. I am the | |
| | Plaintiff's ager | | | |
| in t | he above-entitle | ed and numbered matter. | | |
| I have | made a persona | l investigation and have attac | ched the following documentation (required): | |
| As a re | esult of the inves | stigation or review, it is my b | belief that the above-named defendant | |
| | is not in the m duty | t in the military service on active duty, and is not a dependent of a servicemember on active | | |
| | is in the military service on active duty | | | |
| | I have been ur duty | nable to determine whether o | or not the defendant is in the military service on active | |
| | | My name is: | | |
| | | My Date of Birth is: | My Address is: | |
| | | | f perjury, pursuant to the laws of the State of Texas, and ment is a violation of Federal Law, that all information ct. | |
| | | Affiant Signature:/s/ | County, Texas on | |
| | | Executed in | County, Texas on | |
| | | Phone: | FAX: | |
| | | Email Address: | | |

Official Department of Defense Servicemembers Civil Relief Act (website): https://scra.dmdc.osd.mil;