



**CAUSE NO.** \_\_\_\_\_

_____	§	IN THE JUSTICE COURT
PLAINTIFF	§	
v.	§	PRECINCT NO. 2
_____	§	
DEFENDANT	§	ARANSAS 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.	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.

JUDGE DIANE DUPNIK  
JUSTICE OF THE PEACE PCT 1  
JP1@ARANSASCOUNTY.ORG  
ARANSASCOUNTYTX.GOV/JP1



2840 HWY 35, ROOM 125  
ROCKPORT, TX 78382  
PHONE (361)790-0130  
FAX (361)790-5402

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 Plaintiff's Attorney