

Cause No. \_\_\_\_\_

\_\_\_\_\_  
Tenant

Vs.  
\_\_\_\_\_  
\_\_\_\_\_  
Landlord



IN THE JUSTICE COURT

PRECINCT FOUR, PLACE ONE

WASHINGTON COUNTY, TEXAS

\_\_\_\_\_  
Street Address & Unit Number

City

State

Zip Code

**PLAINTIFF'S ORIGINAL PETITION FOR REPAIR AND REMEDY RELIEF UNDER SECTION 92.0563 OF THE TEXAS  
PROPERTY CODE  
(Effective 08/31/2013)**

TO THE HONORABLE JUSTICE OF THE PEACE:

1. COMPLAINT: Tenant files this petition against the above-named Landlord pursuant to Section 92.0563 of the Texas Property Code because there is a condition in Tenant's residential rental property that would materially affect the health or safety of an ordinary tenant.

\_\_\_\_\_  
Street Address & Unit Number

City

State

Zip Code

Landlord's Contact Information (to the extent known):

\_\_\_\_\_  
Business Street Address

& Unit Number

City

State

Zip Code

2. SERVICE OF CITATION: Check the box next to each statement that is true.

Tenant received in writing Landlord's name and business street address.

Tenant received in writing the name and business street address of Landlord's management agent.

The name of Landlord's management company is \_\_\_\_\_. To Tenant's knowledge, this is the management company's contact information:

\_\_\_\_\_  
Business Street Address

& Unit Number

City

State

Zip Code

The name of Landlord's on-premise manager is \_\_\_\_\_. To Tenant's knowledge, this is the on-premises manager's contact information:

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Business Street Address      & Unit Number      City      State      Zip Code

The name of Landlord's rent collector serving the residential rental property is \_\_\_\_\_ . To Tenant's knowledge, this is the rent collector's contact information:

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Business Street Address      & Unit Number      City      State      Zip Code

3. LEASE AND NOTICE: 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 or remedy a condition to be in writing.

Tenant 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 \_\_\_\_\_.

Tenant gave oral notice to repair or remedy the condition on \_\_\_\_\_.

Name of person(s) to whom notice was given: \_\_\_\_\_.

Place where notice was given: \_\_\_\_\_.

4. RENT: At the time tenant gave notice to repair or remedy the condition, Tenant's rent was:

current (no rent owed)  not current but Tenant offered to pay the rent owed and Landlord did not accept it, or  not current and Tenant did not offer to pay the rent owed. Tenant's rent is due on the \_\_\_\_\_ of the  month  week  \_\_\_\_\_ (specify any other rent-payment period). Tenant's rent (check one)  is not subsidized by the government  is subsidized by the government as follows, if known: \$ \_\_\_\_\_ paid by the government, and \$ \_\_\_\_\_ paid by Tenant.

5. PROPERTY CONDITION: Describe the property condition materially affecting the physical health or safety of an ordinary tenant that Tenant seeks to have repaired or remedied:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. RELIEF REQUESTED: Tenant requests the following relief:

A court order to repair or remedy the condition,

A Court order reducing Tenant's rent (in the amount of \$ \_\_\_\_\_ to begin on \_\_\_\_\_),

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[ ] actual damages in the amount of \$ \_\_\_\_\_, [ ] actual damages in the amount of \$ \_\_\_\_\_,  
[ ] a civil penalty of one month's rent plus \$500.00, [ ] attorney's fees, and [ ] court costs. Tenant  
states that the total relief requested does not exceed \$10,000.00, excluding interest and court costs  
but including attorney fees.

[ ] I give consent for the answer and any other motions or pleadings to be sent to my email address which is:  
(print very clearly) \_\_\_\_\_.

\_\_\_\_\_  
Petitioner's Printed Name

\_\_\_\_\_  
Signature of Plaintiff or Attorney

DEFENDANT(S) INFORMATION (if known)

DATE OF BIRTH: \_\_\_\_\_

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

\*LAST 3 NUMBERS OF DRIVER LICENSE: \_\_\_\_\_

\*LAST 3 NUMBERS OF SOCIAL SECURITY: \_\_\_\_\_

DEFENDANT'S PHONE NUMBER: \_\_\_\_\_

\_\_\_\_\_  
City Texas Zip

\_\_\_\_\_  
Phone & Fax No. of Plaintiff

SWORN TO AND SUBSCRIBED before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC, State of Texas or Court Clerk/Judge