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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ § IN THE JUSTICE COURT

Plaintiff §

 §

v. § PRECINCT \_\_\_\_

 §

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ §

Defendant § \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COUNTY, TEXAS

**PETITION: REPAIR AND REMEDY CASE**

**COMPLAINT:** Plaintiff files this petition against Defendant pursuant to Rule 509 and Texas Property Code § 92.0563, because there is a condition in Plaintiff’s residential rental property that materially affects the health or safety of an ordinary tenant.

**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 Number: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SERVICE OF CITATION:** Plaintiff requests service of the citation on the Defendant and, if required, alternative service pursuant to Rule 509.4.

The following are true *(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.

**CONTACT INFORMATION (*if known*):** Plaintiff provides the following contact information to the best of their knowledge:

**Management Company’s Contact Information:**

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

Name

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

Street Address Unit No. *(if any)*

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

City County State Zip Code

Phone Number: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**On-Premises Manager’s Contact Information:**

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

Name

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

Street Address Unit No. *(if any)*

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

City County State Zip Code

Phone Number: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Rent Collector’s Contact Information:**

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

Name

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

Street Address Unit No. *(if any*)

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

City County State Zip Code

Phone Number: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROPERTY CONDITION:** The property condition materially affecting the physical health or safety of an ordinary tenant that Plaintiff seeks to have repaired or remedied is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**LEASE AND NOTICE:** The following are true *(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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.
* Plaintiff gave a subsequent written notice to repair or remedy the condition after a reasonable time to repair or remedy the condition after giving the first notice. The subsequent written notice was given on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.
* Plaintiff gave written notice to repair or remedy the condition by certified mail, return, receipt requested, or registered mail or by another form of mail that allows tracking of delivery from the USPS or a private delivery service on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.
* Plaintiff gave oral notice to repair or remedy the condition on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_. 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 of $ \_\_\_\_\_\_\_\_\_\_\_\_\_ is due on the \_\_\_\_\_ day of the 🞏 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_;
* actual damages in the amount of $ \_\_\_\_\_\_\_\_\_\_;
* a civil penalty of one month’s rent plus $500;
* attorney’s fees; and
* court costs.

**JURISDICTION:** Plaintiff states that the total relief requested does not exceed $10,000, excluding interest and court costs but including attorney’s fees.

**TRIAL:**

* I request a jury trial. (*The fee is $22 and must be paid at least 14 days before trial unless you file a Statement of Inability to Afford Payment of Court Costs in compliance with Texas Rule of Civil Procedure 502.3.*)
* I do not request a jury at this time.

**SERVICE BY EMAIL**: (*Normally, documents in this case are sent by mail. If it is easier for you, you can choose to get some of the documents sent by email. If you choose to get documents by email, you must have an email account where you can receive, open, and view large attachments, and it is important that you check this email account every day.* ***Even if you receive some documents by email, you will still receive some documents about the case by mail or personal service, so you must not ignore any documents from the court or other parties received by mail or personal service.***)

* Yes, I would like to receive documents related to this case by email at this email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
* No, I do not want to receive any documents by email.

**REMOTE PARTICIPATION:**

**Hearing by Phone Call**: (*When a hearing happens by phone call, you will be able to talk to and hear the judge, Defendant, or any witnesses, but you will not be able to see them. Copies of any evidence to be used must be exchanged by the parties and sent to the judge before the hearing.*)

* Yes, I am able to have any hearings in this case, except a jury trial, by phone call with the judge and Defendant and understand that I must have a phone to use on the date and time of the hearing.
* No, I am not able to have hearings by phone call.

**Hearing by Video Conference:** (*When a hearing happens by video conference, you can hear, see, and talk to the judge, Defendant, and any witnesses. You will be able to see any evidence presented during the hearing. You will need to have a computer, a smartphone, or tablet that has a camera feature. You will also need access to the internet to be able to have a video conference.)*

* Yes, I am able to have any hearings in this case, except a jury trial, by video conference. I understand that I am responsible for having the equipment and internet access needed to participate in a video conference on the date and time of the hearing.
* No, I am not able to have hearings by video conference.

*NOTE: Your responses in this section do not guarantee that hearings will be held remotely, but rather they help the court know how you are able to participate.*

Respectfully submitted,

|  |  |  |
| --- | --- | --- |
| Signature of Plaintiff |  | Signature of Attorney, if any |
|  |  |  |
| Printed Name: |  |  | Printed Name: |  |
| Address: |  |  | Address: |  |
|  |  |  |  |  |
| Email: |  |  | Email: |  |
| Telephone: |  |  | Telephone: |  |
| Fax: |  |  | Fax: |  |
|  |  |  | State Bar No.: |  |