

MUST PRINT LEGIBLY

CASE NO. \_\_\_\_\_

TENANT: \_\_\_\_\_  
Vs.  
LANDLORD: \_\_\_\_\_

IN THE JUSTICE COURT  
PRECINCT \_\_\_\_\_ (PLACE) \_\_\_\_\_  
MCLENNAN COUNTY, TEXAS

PETITION FOR RELIEF UNDER SECTION 92.0563 OF THE TEXAS PROPERTY CODE

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. Information Regarding Residential Rental Property:

\_\_\_\_\_  
Street Address                      Unit No. (if any)                      City                      County                      State                      Zip

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

\_\_\_\_\_  
Business Street Address                      Unit No. (if any)                      City                      County                      State                      Zip

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

\_\_\_\_\_  
Business Street Address                      Unit No. (if any)                      City                      County                      State                      Zip

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

\_\_\_\_\_  
Business Street Address                      Unit No. (if any)                      City                      County                      State                      Zip

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

\_\_\_\_\_  
Business Street Address                      Unit No. (if any)                      City                      County                      State                      Zip

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;
- Not current and Tenant did not offer to pay the rent owed. Tenant's rent is due on the \_\_\_\_\_ day of the \_\_\_\_\_ month \_\_\_\_\_ week (specify any other rent- payment period).
- Tenant's rent (check one): \_\_\_\_\_ is not subsidized by government;
- \_\_\_\_\_ is subsidized by government: 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: \_\_\_\_\_

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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 \_\_\_\_\_);
- Actual damages in the amount of \$ \_\_\_\_\_;
- A civil penalty of one month's rent plus \$500;
- Attorney's fees,
- Court costs.

Tenant states that the total relief requested does not exceed \$10,000, excluding interest and court costs but including attorney's fees.

Tenant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Street address: \_\_\_\_\_ Unit No. (if any) \_\_\_\_\_

Phone Number \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_