

**SHANNA CONLEY**  
JUSTICE OF THE PEACE, PCT 2  
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**Filing a Small Claims Suit: WRIT OF RETRIEVAL**

The **responsibility for filling out your petition and civil case information sheet rests with you.** Court clerks will assist you if you have **procedural questions.** The filing fee is \$54.00 and the writ of retrieval service fee is \$150.00 to be served in Caldwell County, for a **TOTAL of \$204.00.** Payment must be in the form of a MONEY ORDER or CASHIER'S CHECK payable to *CALDWELL COUNTY TREASURER* or Pay with Credit Card (Visa, Mastercard, Discover, American Express) online at [www.co.caldwell.tx.us/jp](http://www.co.caldwell.tx.us/jp) or file A Statement of Inability to Afford Payment of Court Costs. (You will need to request this document from the court.)

**NOTE:** A BOND for Writ of Retrieval may be issued by the court pursuant to Property Code 24A.002(c).

**Effective 1/1/2023**

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

IN THE MATTER OF

§ IN THE JUSTICE COURT

§

§

§ PRECINCT 2

\_\_\_\_\_  
APPLICANT

§

§

§ CALDWELL COUNTY, TEXAS

### APPLICATION FOR WRIT OF RETRIEVAL

The undersigned Applicant makes this Application for a Writ of Retrieval of personal property found at the following location, which is a residence in which Applicant is, or was previously, authorized to occupy ("Residence"):

#### LOCATION OF RESIDENCE:

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

Occupant is \_\_\_\_\_, who is currently occupying the Residence and may be given notice of this Application at the above-listed Residence or at the following address(es):

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

Fax: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

The following is a **listing and specific description** of the items that I seek to be allowed to retrieve from the Residence (*Attach separate sheet, if necessary*):

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

I certify that all of the following statements are true:

- The items listed in this Application are **only** of the following types:
  - medical records;
  - medicine and medical supplies;
  - clothing;
  - child-care items;
  - legal or financial documents;
  - checks or bank or credit cards in my name;
  - employment records;
  - personal identification documents;
  - copies of electronic records containing legal or financial documents;
  - assistance animals or service animals, as defined by Section 121.002, Human Resources Code, used by me or my dependents;
  - wireless communication devices, as defined by Section 545.425(a), Transportation Code, belonging to me or my dependents;
  - tools, equipment, books, or apparatus used by me in my trade or profession.
- I will suffer personal harm and/or the personal health and safety of myself or others within my care will likely be at risk if I am unable to retrieve the items, and I have an urgent need to retrieve the items from the Residence.
- I have attached a lease, sworn statement or other documentary evidence showing that I am, or was previously, authorized to occupy the Residence. I am currently unable to enter the Residence because the current Occupant named above has denied me access to the Residence or poses a clear and present danger of family violence to myself or my dependents.
- I am not the subject of an active protective order under Family Code Title 4, a magistrate's order for emergency protection under Code of Criminal Procedure Article 17.292, or any court order prohibiting my entry into the Residence; or otherwise prohibited by law from entering into the Residence.
- I and the current Occupant are not parties to a pending divorce or annulment case under Title 1, Family Code.

- My right to possession of the items described in this application is not subject to a decree of divorce or annulment to which I and the current Occupant are parties.

☐ I request that this Writ of Retrieval be issued ex parte (*without notice to the current occupant of the Residence*), because the following facts are true:

- The current Occupant of this Residence poses a clear and present danger of family violence to me; and
- My dependent or I will suffer immediate and irreparable personal harm if the application is denied.

**APPLICANT:**

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Applicant's Signature

Date

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Address & Phone Number