|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                     | Cause No                                                                  |                                                             | _                                                              |                                                         |                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------|-------------------------------------------------------|
| Tenant:<br>VS<br>Landlord:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                     |                                                                           |                                                             | In<br>Pr                                                       | the Justice Cou<br>ecinct 1<br>acogdoches Cou           |                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PETITION FOR RELIE                                                                                                                                  | F UNDER SECTION 9                                                         | 92.0563 OF THE TE                                           | XAS PROPERTY CC                                                | DDE                                                     |                                                       |
| <b>1. COMPLAINT:</b> Tenant files is a condition in Tenant's re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                     |                                                                           |                                                             |                                                                |                                                         | y Code because there                                  |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Unit No. (if any)                                                                                                                                   | City                                                                      | Cou                                                         | inty                                                           | State                                                   | Zip                                                   |
| Landlords Contact Informat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ion (to the extent known):                                                                                                                          |                                                                           |                                                             |                                                                |                                                         |                                                       |
| Business Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Unit No. (if any)                                                                                                                                   | City                                                                      | County                                                      | State                                                          | Zip                                                     | Phone Number                                          |
| <ul> <li>2. SERVICE OF CITATION: C</li> <li>Tenant received in writi</li> <li>Tenant received in writi</li> <li>The name of Landlord's company's contact information</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ing Landlord's name and bu<br>ing the name and business s<br>management company is _                                                                | siness street addres<br>street address of La                              | ss.<br>ndlord's managem                                     |                                                                | ledge, this is th                                       | e management                                          |
| Business Street Address The name of Landlord's information:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Unit No. (if any)<br>on-premise manager is                                                                                                          | City                                                                      | County<br>To Tenant                                         | State<br>'s knowledge, this                                    | Zip<br>is the on-prem                                   | Phone Number<br>ise manager's contact                 |
| Business Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Unit No. (if any)                                                                                                                                   | City                                                                      | County                                                      | State                                                          | Zip                                                     | Phone Number                                          |
| The name of Landlord's the rent collector's contact                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                     | esidential property                                                       | is                                                          |                                                                | To Tenan                                                | t's knowledge, this is                                |
| Business Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Unit No. (if any)                                                                                                                                   | City                                                                      | County                                                      | State                                                          | Zip                                                     | Phone Number                                          |
| <ul> <li>3. LEASE AND NOTICE: Chen</li> <li>The lease is oral. The</li> <li>Tenant gave written not</li> <li>the condition was sent by c</li> <li>Tenant gave oral notice</li> <li>Name of person (s) to whom</li> <li>Place where notice was give</li> <li>4. RENT: At the time Tenant</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | e lease is in writing.<br>ice to repair or remedy the<br>ertified mail, return receipt<br>to repair or remedy the cor<br>n notice was given:<br>en: | e lease requires the<br>condition on<br>requested, or regis<br>ndition on | tered mail on                                               |                                                                | e written notice                                        | to repair or remedy                                   |
| Tenant offered to pay the relative for the formation offered to pay the relative day per and the month and the week government is subsidized in the subsidized of the formation | ent owed and Landlord did<br>of the 🗌 month 🗌 wee<br>c 🗌 (specify a                                                                                 | not accept it, or<br>k<br>any other rent-paym                             | not current and T<br>(specify any oth<br>nent period). Tena | enant did not offe<br>er rent-payment p<br>nt's rent (check on | r to pay the ren<br>period). The ren<br>e): 🔲 is not si | it owed. Tenant's rent<br>t is \$<br>ubsidized by the |
| 5. <b>PROPERTY CONDITION</b> : I to have repaired or remedie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                     |                                                                           |                                                             |                                                                | -                                                       |                                                       |
| 6. <b>RELIEF REQUESTED</b> : Tena<br>Tenant's rent (in the amour<br>penalty of one month's ren<br>\$10,000, excluding interest                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | nt of \$ to begin c<br>t plus \$500, □ attorney fe                                                                                                  | ees, and 🗌 court co                                                       | ), 🔲 actual da                                              | amages in the amo                                              | ount of \$                                              | , 🔲 a civil                                           |
| Tenant Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                     |                                                                           |                                                             | Date:                                                          |                                                         |                                                       |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Unit No. (if any                                                                                                                                    | )                                                                         |                                                             | Phone Num                                                      | ber                                                     |                                                       |

|   | State                             | Zip  |        |      |    |
|---|-----------------------------------|------|--------|------|----|
| 9 | Sworn to and subscribed before me | this | day of | , 20 | _· |

City