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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **IN THE JUSTICE COURT**

Petitioner, Tenant **PRECINCT THREE**

V. **WALKER COUNTY, TEXAS**

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

Defendant, Landlord

**PETITION FOR ENFORCEMENT OF LANDLORD’S DUTY TO REPAIR**

**RESIDENTIAL PROPERTY**

**COMPLAINT:**

On this the \_\_\_\_day of \_\_\_\_\_\_\_\_\_, 20\_\_\_, the Tenant files this Petition against the above-named Landlord pursuant to Section 92.0563, 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.

**Description of Residential Property:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Street Address Unit No. (if any) City County State ZIP Code

**Landlord’s Address for Service of Citation:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Street Address Unit No. (if any) City County State ZIP Code

**SERVICE OF CITATION**: (Check **each** statement that is true)

􀂆 Tenant received in writing Landlord’s name and business street address, where Landlord may be served as shown above.

􀂆 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:

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

Street Address Unit No. (if any) City County State ZIP Code

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

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

Street Address Unit No. (if any) City County State ZIP Code

􀂆 The name of Landlord’s rent collector is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. To Tenant’s knowledge, this is the rent collector’s contact information:

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

Street Address Unit No. (if any) City County State ZIP Code

**LEASE AND NOTICE:** (Check **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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

􀂆 The written notice to repair or remedy the condition was sent by certified mail, return receipt requested, or registered mail on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20 \_\_\_\_.

􀂆 The tenant gave oral notice to repair or remedy the condition on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

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

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

**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 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 \_\_\_\_\_\_\_day of the 􀂆 month 􀂆 week 􀂆 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(specify other rent payment period). The rent is $\_\_\_\_\_\_\_\_\_\_ per 􀂆 month 􀂆 week 􀂆 \_\_\_\_\_\_\_\_\_\_\_\_\_ (specify 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.

**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:

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**RELIEF REQUESTED: (check all that apply)**

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 \_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_);

􀂆 actual damages in the amount of $\_\_\_\_\_\_\_\_\_;

􀂆 a civil penalty of one month’s rent plus $500;

􀂆 attorney’s fees; and

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

Tenant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Street Address Unit No. (if any) City County State ZIP Code

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

Phone Number