

TO:
DEPARTMENT OF PUBLIC SAFETY
SAFETY RESPONSIBILITY
P.O. BOX 4087
AUSTIN, TEXAS 78773-0001

ACCIDENT CASE NO: _____

LOCATION _____
CITY STREET INTERSECTION

NOTICE OF UNSATISFIED JUDGMENT

The undersigned _____ or _____
Judgment Creditor Attorney for Judgment Creditor

hereby, certifies that sixty (60) days have elapsed since the date the judgment was signed and entered in Cause no.

_____ in the _____ Court

_____ County, Texas on the _____ day of _____ 20 _____

styled _____ vs _____

and certified to on the attached Transcript of Civil Proceedings, was rendered, that such suit was instituted on

_____, 20_____, and said judgment obtained as a result of a motor vehicle accident which occurred

on _____, 20_____, on a public highway, at or near _____ County, Texas,

and that said judgment is final and unsatisfied with the principal sum of \$ _____ remaining unpaid.

This is an accident that occurred on a public highway as defined in Section 601.162 and did not occur on private property. Request is hereby made of the Department of Public Safety to enforce the Texas Motor Vehicle Safety Responsibility Act under the provisions of Sections 601.331 and 601.332.

The names, driver license numbers, dates of birth, registration numbers and mailing addresses of the judgment debtors are:

First Name Middle Last Driver License No. Date of Birth Registration No.

Street or Post Office Box City State Zip Code

First Name Middle Last Driver License No. Date of Birth Registration No.

Street or Post Office Box City State Zip Code

The mailing address of the judgment creditor is:

Street or Post Office Box City State Zip Code

Witness my hand, this _____ day of _____ 20 _____

Judgment Creditor Telephone No.

Attorney for Judgment Creditor Address of Attorney Street or P.O. Box

City State Zip Code

Type Name of Attorney for Judgment Creditor Attorney's File Number Telephone Number