	C	AUSE NO	
	<del>-</del>	§	IN THE JUSTICE COURT
APPL	ICANT	§ §	PRECINCT NO.
		§ §	COUNTY, TEXAS
	APPLICA	ATION FOR W	RIT OF RETRIEVAL
			t of Retrieval of personal property found at the following previously, authorized to occupy ("Residence"):
LOCAT			
	of this Application at the above-liste		is currently occupying the residence and may be given the following address(es):  Fax: Phone: E-Mail:
Reside	nce (Attach separate sheet, if necessa	ry):	
Reside			
	y that all of the following statements  The Items listed in this Application supplies, clothing, child-care item	are true: n are <u>ONLY</u> of the s, legal or financ	e following types: medical records, medicine and medical ial documents (including electronic records), checks or byment records, and personal identification documents.
I certif	y that all of the following statements  The Items listed in this Application supplies, clothing, child-care item bank or credit cards in the name of I will suffer personal harm and/or	are true:  n are <b>ONLY</b> of the s, legal or financ f Applicant, emple	e following types: medical records, medicine and medical ial documents (including electronic records), checks on
I certify	y that all of the following statements  The Items listed in this Application supplies, clothing, child-care item bank or credit cards in the name of I will suffer personal harm and/or be at risk if I am unable to retrie Residence.  I have attached a lease, sworn state authorized to occupy the Residen	are true:  n are ONLY of the s, legal or finance of Applicant, employee the personal healthee the items, and ment or other do not like items of the ment or other do not like items of the ment or other do not like items or other do not li	e following types: medical records, medicine and medical ial documents (including electronic records), checks or byment records, and personal identification documents.
I certify 1)	y that all of the following statements  The Items listed in this Application supplies, clothing, child-care item bank or credit cards in the name of I will suffer personal harm and/or be at risk if I am unable to retrie Residence.  I have attached a lease, sworn state authorized to occupy the Resider occupant named above has denied violence to myself or my depender I am not the subject of an active emergency protection under Artic	are true:  n are <b>ONLY</b> of the s, legal or finance of Applicant, employed the personal health we the items, and ment or other donce. I am current me access to the lats.	e following types: medical records, medicine and medical ial documents (including electronic records), checks or byment records, and personal identification documents. the and safety of myself or others within my care will likely d I have an urgent need to retrieve the items from the cumentary evidence showing that I am, or was previously thly unable to enter the Residence because the current

Address & Phone Number