

WRIT OF RETRIEVAL

If a person is unable to enter a residence or former residence to retrieve property belonging to the person or the person's dependent because the current occupant is denying the person entry, the person may apply to the Justice Court for an order authorizing the person to enter the residence, accompanied by a peace officer, to retrieve specific items of personal property according to the Texas Property Code Section 24A.002.

The applicant, under oath must certify that the applicant or the applicant's minor dependent requires personal items located in the residence that are only of the following types:

- medical records;
- medicine and medical supplies;
- clothing;
- child care items;
- legal or financial documents;
- checks, bank cards or credit cards in the same name as the applicant;
- employment records; or
- personal identification documents.

If the Judge grants the application, a **bond** will be set, a hearing date and time will be issued and the occupant will be served by the Constable with notice of the hearing.

To determine venue for your case, refer to the Texas Property Code Section 24A.002. Please visit [Texas Constitution and Statutes](#) website.

To search the Justice Court Precinct for your case, please contact 911 Mapping @ 903-813-4581 Ext 1008.

FORMS NEEDED:

- [Application for Writ of Retrieval](#)

PAYMENT OPTIONS:

- [Fees](#)
- \$46 filing fee
- \$80 Constable fee if the application is approved
- \$155 Constable fee if Writ of Retrieval is granted

CAUSE NO. _____

APPLICANT _____

§ IN THE JUSTICE COURT
§
§ PRECINCT NO .3
§
§ GRAYSON 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:

- 1) 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 (including electronic records), checks or bank or credit cards in the name of Applicant, employment records, and personal identification documents.
- 2) 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.
- 3) 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.
- 4) I am not the subject of an active protective order under Title 4, Family Code, a magistrate's order for emergency protection under Article 17.292, Code of Criminal Procedure, or any court order prohibiting my entry into the Residence; or otherwise prohibited by law from entering into the Residence.

Applicant's Signature _____

Date _____

Address & Phone Number _____