

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

TRANSCRIPT OF CIVIL PROCEEDINGS

Of Cause No. _____ in the _____ Court
_____ County, Texas, I, the undersigned Judge, Justice of Peace, or
Court Clerk, certify the following to be a true and correct copy of the findings and/or judgment of this court
on the date of _____ in connection with a motor vehicle accident which occurred
on the date of _____ at or near _____, Texas.

PLAINTIFF, _____, Represented by _____

VS.

DEFENDANT, _____, Represented by _____

(Insert or affix judgment here)

I further certify the above findings and/or judgment have not been appealed within the time specified by
law and are therefore final.

IN WITNESS WHEREOF I have hereunto set my hand and affixed my seal this _____ day of
_____, 20 _____.

(SEAL)

(Judge, Justice of the Peace, Court Clerk)

(Address of Court)