CASE NO. _____ DEFENDANT'S NAME: _____

EVICTION DEFAULT AFFIDAVIT

SERVICE MEMBERS CIVIL RELIEF ACT SEC. 201 (b)

***To VERIFY Military Status, go to website:** https://scra.dmdc.osd.mil/scra/#/single-record

PLAINTIFF BEING DULY SWORN ON HIS OATH DEPOSES AND SAYS UNDER PENALTY OF PERJURY THAT DEFENDANT: **(Please select ONE for DEFENDANT)**

____ IS IN THE MILITARY SERVICE AND ON ACTIVE DUTY IN A FOREIGN COUNTRY

OR

____ IS IN THE MILITARY SERVICE AND NOT ON ACTIVE DUTY IN A FOREIGN COUNTRY

OR

____ IS NOT IN THE MILITARY SERVICE
*(In addition to this affidavit you MUST provide proof of military status before a default judgment can be rendered).

OR

____ HAS WAIVED HIS RIGHTS UNDER THE SERVICE MEMBERS RELIEF ACT OF 2003

OR

____ PLAINTIFF IS UNABLE TO DETERMINE WHETHER OR NOT DEFENDANT IS IN MILITARY SERVICE AT THIS TIME
*(In addition to this affidavit you MUST provide proof of military status before a default judgment can be rendered).

***I am not providing proof of military status from the governmental website because:**

_____

_____

_____

Penalty for making or using false affidavit – A person who makes or uses an affidavit knowing to be false, shall be fined as provided in title 18 United States Code, or imprisoned for not more than one year, or both.

****EVICTION DEFAULT CERTIFICATE OF LAST KNOWN MAILING AND EMAIL ADDRESS****

In strict compliance with Rule 510.16(b), Texas Rules of Civil Procedure, it is hereby certified that the last known mailing address and email address (if known) of Defendant is as follows:

_____

****Defendant Address** City, State, And Zip Code

_____

****Defendant's Email Address** ***(If unknown, enter unknown on the line above)***

My Name is _____. My date of birth is _____, and my address is_____ (Street), _____ (City), _____ (State), _____ (Zip Code), and _____ (County).

***DECLARATION**: I declare under penalty of perjury that the foregoing is true and correct*

Executed in Tarrant County, State of Texas, on the _____ day of _____ (Month), _____ (Year).

_____

Signature of Declarant