

CAUSE NO. _____

THE STATE OF TEXAS § IN THE DISTRICT COURT OF
V. § _____ COUNTY, TEXAS
[INSERT PROPERTY] § _____ JUDICIAL DISTRICT

DEFENDANT’S RESPONSE TO PLAINTIFF’S REQUEST FOR DISCLOSURE

Pursuant to Rule 194.3 of the Texas Rules of Civil Procedure, Defendant serves this response to Plaintiff’s Request for Disclosure as follows:

[Here you will restate each disclosure request exactly, and then answer the disclosure.]

(a) The correct names of the parties to the lawsuit.

[LIST THE CORRECT NAMES OF THE PEOPLE INVOLVED IN THE LAWSUIT.]

(b) The name, address, and telephone number of any potential parties.

[LIST YOUR CONTACT INFORMATION, AS WELL AS THE CONTACT INFORMATION OF ANYONE ELSE WHO MAY OWN PART OF THE SEIZED PROPERTY.]

(c) The legal theories and, in general, the factual bases of the responding party’s claims or defenses.

[DESCRIBE THE FACTS OF YOUR CASE, AND IN PARTICULAR, DESCRIBE THE FACTS THAT SUPPORT WHY YOU SHOULD GET YOUR PROPERTY RETURNED TO YOU.]

(d) The amount and any method of calculating economic damages.

[IF YOU SUFFERED ANY COSTS AS A RESULT OF THE SEIZURE, FILL THEM IN HERE, ALONG WITH HOW YOU CALCULATED THOSE COSTS.]

(e) The name, address, and telephone number of persons having knowledge of relevant facts, and a brief statement of each identified person's connection with the case.

[FILL IN THE NAME AND CONTACT INFORMATION FOR ANYONE WHO IS INVOLVED IN THE CASE OR KNOWS IMPORTANT INFORMATION ABOUT THE PROPERTY.]

(f) [LIST NEXT DISCLOSURE REQUEST]

[ANSWER DISCLOSURE REQUEST (f)]

(g) [LIST NEXT DISCLOSURE REQUEST]

[ANSWER DISCLOSURE REQUEST (g)]

[CONTINUE AS NECESSARY]

Respectfully submitted,

[SIGN YOUR NAME]
[PRINT YOUR NAME]
[ADDRESS]
[PHONE NUMBER]
[EMAIL]

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing document was sent on the [DAY] day of [MONTH] [YEAR] by regular U.S. mail, by facsimile, or certified mail, return receipt requested, to the following parties or attorneys of record:

[NAME OF THE STATE'S ATTORNEY], Attorney at Law
[ADDRESS OF THE STATE'S ATTORNEY]

[NAME EACH INTERESTED PARTY OR THEIR ATTORNEY, IF REPRESENTED]
[ADDRESS OF INTERESTED PARTY OR THEIR ATTORNEY, IF REPRESENTED]

[SIGN YOUR NAME]