EPRentHelp Referral Form

Court & Hearing Information						
Court:	Justice of the Peace:					
Date of Hearing:		Docke	t Number:			
Court Point of Contact:						
Phone Number:		Email:				
Tenant/Defendant Information						
Full Name:						
Mailing Address:		City:		Zip:		
Home Phone:		Mobile	:			
Work Phone:		Email:				
Emergency Contact Name/Relationship:		Emergency Contact Number:				
Prefer application mailed or emailed:						
Language of Application:						
Landlord/Plaintiff Information						
Full Name:						
Mailing Address:		City:		Zip:		
Home Phone:		Mobile	:	1		
Work Number:		Email:				
Emergency Contact Name/Relationship:		Emergency Contact Number:				
Prefer application mailed or emailed:			Monthly Rent: S	\$		
Language of Application:						
Is there a lease document signed by b	oth the landlo	rd/plain	tiff and the tenant/de	fendant?	Yes	No

Check here to verify that both the landlord and tenant verbally consented to allow the El Paso County Courthouse and EPRentHelp to share information regarding this case.

Check here to verify that both the landlord and the tenant were made aware that they may get a call from an unknown or blocked number and will answer these calls so that EPRentHelp can start the application process for the Texas Eviction Diversion Program.