### Information or instructions: Motion for entry of final judgment

1. A Motion for Entry of Final Judgment may be filed with the court when a final judgment has been determined, but the parties disagree as to the language to be included in the final judgment, or a dispute arises as to which attorney's judgment should be used or the opposing party will not sign the judgment tendered by the prevailing party.

2. The motion and hearing allows the Judge to instruct the parties as to the particulars that should be contained in the judgment so that a final judgment may be obtained.

### Motion for entry of final judgment



vs. [Name], DEFENDANT [Court number]

OF [NAME], COUNTY, TEXAS

#### MOTION FOR ENTRY OF FINAL JUDGMENT

[Name], [Plaintiff or Defendant] files this motion for entry of judgment and would show unto the

court the following THIS DOCUMENT

- 1. The trial in the above referenced cause began on \_\_\_\_\_
- 2. Thereafter, [the Court submitted the case to a jury on special issues on \_\_\_\_\_\_.
- 3. After due deliberation the jury returned and announced its verdict on record on
  - \_\_\_\_\_\_ in open Court [or on \_\_\_\_\_\_, the case was tried to the Court].
- 4. On \_\_\_\_\_, the Court rendered its decision.
- 5. Movant requests that this Court sign and ever the trial under entrattached to this motion as

Exhibit "A" for the following reasons:

[state reasons why the court should sign the judgment].

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Movant respectfully prays that this Court grant the Motion for Entry of Final Judgment and the Court sign and enter the proposed Final Judgment attached to this motion as Exhibit "A" and for any other and further relief to which the Movant may show Movant is justly entitled.

Respectfully Submitted,

[Law Firm Name]

# PLEASE DO NOT COPY

[Attorney's Name]

Attorney for [Plaintiff, Defendant or Movant] [Attorney's Address] [Telephone Number] [Facsimile Number] [Bar Card Number]

#### **CERTIFICATE OF SERVICE**

I certify that a true indicated conv of the frequing pleading or coc membras been served upon all attorneys of record and any parties who are not represented by an attorney on \_\_\_\_\_\_.

Attorney for:[Other attorney's client's name]Attorney's name:[Other attorney's name]Attorney's address[Other attorney's address]

Type of Service:

\_\_\_\_ U.S. Mail, Certified Return Receipt Request No. \_\_\_\_\_\_.

- \_\_\_\_ U.S. Mail, First Class.
- \_\_\_\_ Hand delivery by [name of delivery service]:
- \_\_\_\_\_Facsimile transmission to \_\_\_\_\_\_A \_\_\_\_ Nax numer before 5 p.m.

[Attorney's signature]

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