

Cause No. _____

_____) (In The _____ District Court/County Court
Vs. _____) (Of
_____) (_____ County, Texas

SETTING REQUEST – CIVIL/CRIMINAL

TYPE OF SETTING REQUESTED:

- _____ Uncontested hearing or TRO
- _____ Hearing on Motion to _____
- _____ Pretrial Hearing
- _____ Bench Trial
- _____ Jury Trial
- _____ Ruling Without Hearing
- _____ Other _____

Estimated amount of Court time required by both sides: _____

(NOTE: The estimated time will normally not be exceeded if the succeeding case is ready and your case will have to be re-set for completion. If opposing counsel disagrees with the time estimated, written objections must be mailed/delivered to the Court Coordinator within ten (10) days from the date below. The time will then be divided equally between counsel and/or parties.)

REQUESTING ATTORNEY OR UNREPRESENTED PARTIES

Name: _____ (Plaintiff/Defendant/Etc.)
Address: _____
Telephone Number: _____ Fax Number: _____

ALL OTHER ATTORNEYS OF RECORD OR UNREPRESENTED PARTIES:

Name: _____ (Plaintiff/Defendant/Etc.)
Address: _____
Telephone Number: _____ Fax Number: _____

(FOR ADDITIONAL ATTORNEYS OR PARTIES PLEASE ATTACH SEPARATE SHEET)

Date of preference for hearing/trial: 1st Choice: _____ 2nd Choice: _____
3rd Choice: _____ check here if standby docket is also desired

**I CERTIFY THAT A COPY OF THIS SETTING
HAS BEEN MAILED/DELIVERED TO ALL
OTHER ATTORNEYS/PARTIES OF RECORD.**

SIGNATURE AND STATE BAR NO.

DATE

Return original setting request to the District/County Judge's Office.