

No. _____

STATE OF TEXAS

§

IN THE COUNTY COURT AT LAW

§

VS.

§

OF

§

§

WALKER COUNTY, TEXAS

CASE RESET FORM

The undersigned defendant and counsel acknowledge that this case is reset for:

- ☐ arraignment _____ at 9:00A.M.
- ☐ 1st pretrial _____ at 9:00A.M.
- ☐ 2nd pretrial / motions _____ at 9:00A.M.
- ☐ docket call _____ at 9:00A.M.
- ☐ jury trial _____ at **8:00A.M.**
- ☐ bench trial _____ at 9:00A.M.
- ☐ hearings _____ at _____

Defendant hereby acknowledges that they are the same person named in the information and waives formal arraignment in the above entitled case and enters a plea of not guilty.

Attorney for State

Defendant Signature

Attorney for Defendant Signature

Attorney for Defendant (print) ☐ retained ☐ appointed

Judge/Coordinator

State Bar Number

Telephone Number

Date Signed

Attorney Email Address