

CAUSE NO. _____

§ IN THE COUNTY COURT AT LAW

§

§ OF

§ WALKER COUNTY, TEXAS

CONFIRMATION OF HEARING

TYPE OF SETTING REQUESTED:

Hearing on _____

Ruling without a Hearing Bench Trial Jury Trial

REQUESTED DATE OF SETTING: _____, 20____ AT 9:00 A.M.

CALL THE COURT TO OBTAIN A DATE

ESTIMATED AMOUNT OF TIME REQUIRED: _____ minutes hours days

REQUESTING ATTORNEY OR PRO SE PARTY:

It is your responsibility to give proper notice to all parties

NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

EMAIL: _____

ALL OTHER ATTORNEYS OF RECORD/PRO SE PARTIES NOTIFIED:

NAME: _____ NAME: _____

ADDRESS: _____ ADDRESS: _____

PHONE: _____ PHONE: _____

FAX: _____ FAX: _____

EMAIL: _____ EMAIL: _____

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

SIGNATURE OF REQUESTING ATTORNEY

DATE