

CAUSE NO. _____

§ IN THE COUNTY COURT AT LAW

§

§ OF

§ WALKER COUNTY, TEXAS

CONFIRMATION OF HEARING

TYPE OF HEARING:

- Oral Hearing/Bench Trial on _____
- Submission on _____
- Jury Trial with Pretrial Hearing on _____ at 9:00 A.M.

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: _____ CITY/ST/ZIP: _____
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