

CIVIL CASE SETTING REQUEST FORM
79TH JUDICIAL DISTRICT COURT, JIM WELLS COUNTY

Date: _____

Cause No. and Style: _____

Type of Setting Request: _____

Estimated Total Court Time: _____

Requesting Attorney:

Name: _____

Party Represented: _____

Address: _____

Telephone No.: _____

Fax No.: _____

Name and Address of all other Attorneys of Record or unrepresented Parties (use additional sheets as necessary):

Name: _____

Party Represented: _____

Address: _____

Telephone No.: _____

Fax No.: _____

Date Requested:

1st Choice: _____ 2nd Choice: _____

I certify that a copy of this setting request has been delivered to all other parties of record. I further certify that I have consulted with all parties and the above requested dates are agreeable to all parties or I have made all reasonable efforts to obtain an agreement on an agreed setting date but an agreement could not be reached.

Date: _____

Requesting Attorney or Party

Mail or fax to:

Court Manager

P.O. Box 3080

Alice, Texas 78333

Fax No.: (361) 668-8240

Email: districtcourt@co.jim-wells.tx.us