

**SETTING REQUEST FORM**  
**79<sup>TH</sup> JUDICIAL DISTRICT COURT**

Date: \_\_\_\_\_

Cause Number and Style: \_\_\_\_\_

Type of Setting Request: \_\_\_\_\_

Estimated Total Court Time: \_\_\_\_\_

Requesting Attorney: \_\_\_\_\_

Name: \_\_\_\_\_  
Party represented: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone No.: \_\_\_\_\_  
Fax No.: \_\_\_\_\_  
E-mail address: \_\_\_\_\_

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

Name: \_\_\_\_\_  
Party represented: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone No.: \_\_\_\_\_  
Fax No.: \_\_\_\_\_  
E-mail address: \_\_\_\_\_

Date Requested:

1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> 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: Carol Salinas, Court Manager  
P. O. Box 3080  
Alice, Texas 78332 Fax No.: (361)668-8240