

25TH JUDICIAL DISTRICT VIDEO HEARING REQUEST/INFO SHEET

EMAIL THIS COMPLETED FORM TO lynnb@co.guadalupe.tx.us

YOU WILL BE NOTIFIED OF THE STATUS OF YOUR HEARING REQUEST VIA EMAIL

| | |
|--------|--------------------------|
| COUNTY | CAUSE # STYLE OF CASE |
|--------|--------------------------|

| | | | |
|---|------------|-----------|--------|
| TYPE OF HEARING REQUESTED: | | | |
| IS THIS AN EMERGENCY | IF YES WHY | | |
| TIME OF HEARING REQUESTED FOR BOTH SIDES: | 5-15 MIN | 15-30 MIN | 1 HOUR |

HEARING CONTACT INFORMATION

| | |
|------------------------|---------------|
| PLAINTIFF / PETITIONER | EMAIL ADDRESS |
|------------------------|---------------|

| | |
|-----------------------|---------------|
| DEFENDANT/ RESPONDENT | EMAIL ADDRESS |
|-----------------------|---------------|

| | |
|----------------------------------|---------------|
| ATTORNEY(S) PLAINTIFF/PETITIONER | EMAIL ADDRESS |
| 1. | _____ |
| 2. | _____ |

| | |
|----------------------------------|---------------|
| ATTORNEY(S) DEFENDANT/RESPONDENT | EMAIL ADDRESS |
| 1. | _____ |
| 2. | _____ |

| | |
|------------------------|---------------|
| ADDITIONAL ATTORNEY(S) | EMAIL ADDRESS |
| 1. | _____ |
| 2. | _____ |

| | |
|-------------|---------------|
| INTERPRETER | EMAIL ADDRESS |
|-------------|---------------|

| | |
|---------------------------------------|---------------|
| WITNESS(ES) | EMAIL ADDRESS |
| 1. | _____ |
| 2. | _____ |
| 3. | _____ |
| <u>USE ADDITIONAL SHEET IF NEEDED</u> | |

I CERTIFY THAT I HAVE COMPLIED WITH THE LOCAL RULES OF THIS COUNTY REGARDING SETTING HEARINGS AND HAVE CONTACTED OPPOSING COUNSEL.

**** THIS SECTION FOR COURT USE ONLY ****

HEARING REQUEST APPROVED

DENIED

HEARING DATE AND TIME: _____

SIGNED THIS THE _____ DAY OF _____, 2020

Lynn Bothe, Court Administrator 25th Judicial District