

**COUNTY COURT AT LAW NUMBER FIVE
EL PASO COUNTY, TEXAS
FAMILY COURT IV 11TH FLOOR, ROOM 1103
ASSOCIATE JUDGE KATHLEEN ANDERSON
PHONE 543-3824 / FAX 543-3843**

HEARING REQUEST FORM

ITMO/ITIO: _____ CAUSE NO.: _____

REF COURT: **COUNTY COURT AT LAW #5**

FROM: _____ BAR NO.: _____

ATTORNEY FOR PETITIONER RESPONDENT AD-LITEM
TELEPHONE: _____ FAX: _____

OPPOSING ATTY: _____ BAR NO.: _____

ATTORNEY FOR PETITIONER RESPONDENT AD-LITEM
TELEPHONE: _____ FAX: _____

TYPE OF HEARING: _____

TIME REQUESTED: _____ MIN HR
 TO BE SET CANCELED RESET

CURRENT DATE OF HEARING: _____
REASON FOR CANCELLATION OR RESETTING: _____

If this is a reset/cancellation make sure this next part is filled out or form will NOT be accepted!!!

Is opposing attorney or party in agreement to cancel or reset?
(No cancellation without agreement of both parties)

YES **If agreed, all Attorneys, Pro Se litigants, Attorney General or DRO must sign:**
(Court staff is not responsible for getting signature or opposing counsel or parties)& (Please sign when requesting a hearing.)

Signatures: X _____ Signatures: X _____
Printed Name: _____ Printed Name: _____

NA Specify reason why an agreement is not applicable or necessary: _____

RULE: IF NO AGREEMENT, YOU MUST FILE A MOTION FOR CONTINUANCE AND SET THAT MOTION FOR A HEARING. We do not cancel or reset hearings without an agreement of all attorneys, pro se litigants, attorney general or DRO. The Court will no longer be accepting any faxes if they do not abide by the Rule. No faxes will be accepted and will not be reset or cancelled with the signatures from the parties involved in the case. Faxes will be rejected automatically

NEW COURT DATE AND TIME

YOUR HEARING FOR THE _____ IS SET FOR _____, 20____
AT _____ AM PM FOR _____ MIN HR

COMMENTS: _____ **please notify all parties thank you**
(Please do not alter the form, thank you)