



**388<sup>th</sup> Judicial District (Family) Court of El Paso, Texas.**

**The Honorable Judge Marlene Gonzalez**

**Associate Judge James D. Lucas**

**HEARING REQUEST FORM**

FROM: \_\_\_\_\_ BAR NO.: \_\_\_\_\_

ATTORNEY FOR RESPONDENT/PETITIONER: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

.....

CASE NO. \_\_\_\_\_ DATE CASE FILED: \_\_\_\_\_ REFERRING COURT: **388<sup>TH</sup>**

FULL STYLE OF CASE: \_\_\_\_\_

TYPE OF HEARING: \_\_\_\_\_ HOW MUCH TIME REQUESTED: \_\_\_\_\_

TO BE: SET \_\_\_\_\_ / CANCELLED \_\_\_\_\_ / RESET \_\_\_\_\_ (INDICATE YOUR REQUEST(S))

IF RESETTING OR CANCELLING, PLEASE PROVIDE ORIGINAL DATE CASE IS SET:

.....

NAME OF OPPOSING ATTORNEY: \_\_\_\_\_ BAR NO.: \_\_\_\_\_

ATTORNEY OF PETITIONER: \_\_\_\_\_

.....

ARE BOTH ATTORNEYS IN AGREEMENT TO CANCELLATION / RESET:

*(NO CANCELLATION OR RESET W/O AGREEMENT OF BOTH ATTORNEYS/PARTIES)*

NO: \_\_\_\_\_ YES: \_\_\_\_\_ N/A: \_\_\_\_\_ REASON: \_\_\_\_\_

**OPPOSING ATTORNEY SIGNATURE OF AGREEMENT IS REQUIRED:** \_\_\_\_\_

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**COURT DATE AND TIME**

YOUR CASE IS SET/RESET ON: \_\_\_\_\_

BEGINNING AT \_\_\_\_\_ A.M. / P.M. FOR \_\_\_\_\_ MIN / HR / DAY

El Paso County Court House – 9<sup>TH</sup> Floor – Room 902

500. E San Antonio, El Paso, Texas, 79901

Office (915) 543- 3850

Facsimile (915) 543-3832

**Please this send form to: 388thDC@epcounty.com**