

CAUSE NO. (S) _____

THE STATE OF TEXAS

§

_____ DISTRICT COURT

VS.

§

§

CORYELL COUNTY, TEXAS

OFFENSE: _____ DATE: _____

AGREED CASE RESET REQUEST FORM

THE UNDERSIGNED ATTORNEY FOR THE STATE AND ATTORNEY FOR THE DEFENDANT, AGREE THIS CASE IS RESET FROM ITS CURRENT SETTING OF: _____ TO THE DATE(S) BELOW AND THE DEFENDANT WILL BE NOTIFIED BY THE DEFENDANT'S ATTORNEY. **ALL SETTINGS ARE AT 9:00 A. M. UNLESS OTHERWISE NOTED.**

ARRAIGNMENT _____	PRE-TRIAL HEARING _____
APP. ON INFO. _____	DOCKET CALL _____
PLEA (_____) _____	JURY ANNOUNCEMENT _____
SENTENCING _____	TRIAL BY JURY/COURT _____
MTR/MTAG - (_____) _____	BACK-UP TRIAL BY JURY _____
OTHER(_____) _____	

This form must be signed by both parties before the Coordinator may consider approving the date(s). Please fax or email this form to the Court Coordinator's office for approval.

No cancellation of settings is effective without the agreement of the Court or the Court Coordinator.

District Attorney

Defense Attorney

Please print name of DA

Please print name of Defense Attorney

APPROVED: _____
Court Coordinator

NAME OF BONDSMAN TO BE NOTIFIED: _____