

REQUEST FOR ASSIGNMENT

Requesting Judge: _____
Court: _____ County: _____

Reason for request: (check one)

- | | | | |
|--|------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Recusal | <input type="checkbox"/> voluntary | <input type="checkbox"/> involuntary | <input type="checkbox"/> Illness (state below if illness is judge, family member or other) |
| <input type="checkbox"/> Disqualification | | | <input type="checkbox"/> Continuing education |
| <input type="checkbox"/> Attorney contempt | | | <input type="checkbox"/> Personal emergency (state nature of emergency below) |
| <input type="checkbox"/> Election contest | | | <input type="checkbox"/> Other (explain below) |
| <input type="checkbox"/> Suit to remove elected official | | | |
| <input type="checkbox"/> Assistance with heavy docket | | | |
| <input type="checkbox"/> Vacation | | | |

Additional information:

Judge requested to sit (except recusal and disqualification):

Date(s) needed: _____

If assignment is requested for all matters:

Type of docket (criminal, civil, family, jury, non-jury): _____

Length of assignment: half day OR _____ day(s)

If assignment is requested for specific case:

Cause No.: _____

Style of Case: _____

Nature of Suit: _____

Estimate of time to try case: half day OR _____ day(s)

Additional information or instructions:

Submitted by: _____ **Date:** _____

Phone: _____ **Fax:** _____ **E-mail:(Required)** _____

Please email to the 1st Administrative Judicial Region at:

alisa.frame@firstadmin.com and cshiver@firstadmin.com. If email is not available, fax to 214-653-2957. *Thank you!*