

REQUEST FOR ASSIGNMENT

Requesting Judge: _____

Court: _____ County: _____

Court Coordinator: _____ Phone No.: _____

E-Mail: _____

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 Tenth Administrative Judicial Region at: Terri.Shepherd@co.gregg.tx.us

Thank you!