

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 (excepting 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 : One-half day OR _____ day(s)

If assignment is requested for specific case:

Cause number: _____

Style of case: _____

Nature of suit: _____

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

Additional information or instructions:

Submitted by: _____ **Date:** _____

Phone: _____ **Facsimile:** _____

Please e-mail to 7thair@co.midland.tx.us or print and fax to Seventh Administrative Judicial Region at 432.688.4933.