

REQUEST FOR ASSIGNMENT

Requesting Judge: _____

Court: _____

County: _____

Reason for request: (check one)

- | | |
|---|---|
| <p><input type="checkbox"/> Recusal: <input type="checkbox"/> voluntary <input type="checkbox"/> involuntary</p> <p><input type="checkbox"/> Disqualification: <input type="checkbox"/> voluntary <input type="checkbox"/> involuntary</p> <p><input type="checkbox"/> Attorney contempt</p> <p><input type="checkbox"/> Election contest</p> <p><input type="checkbox"/> Suit to remove locally elected official</p> <p><input type="checkbox"/> Assistance with heavy docket</p> <p><input type="checkbox"/> Vacation</p> | <p><input type="checkbox"/> Illness (state below if illness is judge, family member or other)</p> <p><input type="checkbox"/> Education</p> <p><input type="checkbox"/> Personal emergency (state nature of emergency below)</p> <p><input type="checkbox"/> Assistance with COVID-19 related backlog</p> <p><input type="checkbox"/> Other (explain below)</p> |
|---|---|

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: _____

Attorneys and Email: _____

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

Additional information or instructions: _____

Submitted by: _____

Date: _____

Phone: _____

Facsimile: _____

Ninth Administrative Judicial Region johnsona@pottercsd.org and esteveza@pottercsd.org