

**NINTH ADMINISTRATIVE JUDICIAL REGION
REQUEST FOR ASSIGNMENT**

Requesting Judge: _____

Court: _____ **County:** _____

Reason for request: (check one)

- | | |
|--|--|
| <input type="checkbox"/> Recusal | <input type="checkbox"/> Vacation |
| <input type="checkbox"/> Disqualification | <input type="checkbox"/> Illness |
| <input type="checkbox"/> Attorney contempt | <input type="checkbox"/> Continuing education |
| <input type="checkbox"/> Election contest | <input type="checkbox"/> Personal emergency |
| <input type="checkbox"/> Suit to remove elected official | <input type="checkbox"/> Other (explain below) |
| <input type="checkbox"/> Assistance with heavy docket | <input type="checkbox"/> Backlog from COVID |

Additional information (If recused, state specific reason for recusal):

Judge requested (excepting recusal and disqualification): _____

Date(s) needed: _____

If assignment is general:

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:** _____

Please email to Ninth Administrative Judicial Region at esteveza@pottercscd.org and johnsona@pottercscd.org