



Court Date Request Form

Docket #: _____ Offense Date: _____

Printed Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____

Driver's License/Identification: _____ State Issued: _____

Email Address: _____

I prefer to be contacted by: Email Mail

- I understand only **1(one)** reset will be granted for a Pre-Trial and Motion Hearing. Request for a reset must be made in writing at least **3 business days**, prior to my court date.
- I understand that I am required to notify the court of any address changes

Date: _____ Defendant Signature: _____

Please **fax, mail, or email** the completed form in order to **receive** a court date notice. Additional fees and a warrant for your arrest may be issued, for not appearing at your scheduled court date.

You may fax, mail, or email this form:

Fax: 281-364-7168

Mailing Address: 27424 Robinson Rd Conroe TX 77385
court@oakridgenorth.com