

## MCMULLEN COUNTY COURT CASE RESET / MOTION FOR CONTINUANCE REQUEST FORM

By submitting this request, you understand that this is **NOT FINAL UNTIL APPROVED** by the court. If you have an attorney, you are required to have the attorney submit this request on your behalf. All requests are to be submitted no later than the Friday before your court date.

You may submit this in person to: 501 River St., Tilden, TX 78072, by mail to: P.O. Box 237, Tilden, TX 78072, by email to: countycourt@mcmullencounty.org, or by fax: 361-274-3693. If you have any questions, call 361-274-3900.

I am the Defendant				I am the attorney representing the defendant			
First Name		Middle Name		Last Name			Case/Cause #
Date of Birth Home Phone		ne	Mobile Phone		Email Address		
Mailing Address			City			State	Zip Code
State vour r	eason why y	ou are re	auesting t	he reset:			
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•			•	_	nd belief. Failure to	•	
information ma	ly result in a	Failure to	Appear,	Bona Revoca	ition, and/or a capi	as (warrant	.) for my arrest.
I under	stand that b	y filing th	is request	., I am not gu	aranteed a reset d	ate.	
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I give p	ermission to	use my e	electronic	signature or	this document.		
Signature:						Date:	
Signature of	f Requesting	<u>Attorney</u>	<u>':</u>			Date	e:
<b>FOR OFFICE</b>	<b>USE ONLY</b>						
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