

**65TH JUDICIAL DISTRICT
FAMILY LAW COURT
EL PASO COUNTY COURTHOUSE, ROOM 1103
EL PASO, TEXAS 79901
Office (915) 543-3859
Facsimile (915) 543-3858**

HEARING REQUEST FORM

From: _____ Bar No. _____
Attorney for Petitioner (name) _____ / Respondent (name) _____ / Movant _____
Telephone: _____ Fax: _____

Case No. _____ Date Case Filed: _____ Referring Court: _____

Full Style of Case: _____

Type of Hearing: _____ How Much Time Requested: _____ min/hrs

To Be: Set _____ / Cancelled _____ / Reset _____ (indicate your request(s))

If resetting or canceling, please provide orig. date case is set: _____

Name of Opposing Attorney: _____ Bar No. _____
Attorney For Petitioner(name) _____ / Respondent(name) _____ / Movant _____

Are Both Attorneys In Agreement to Cancellation / Resetting:
(No Cancellations or resettings w/o agreement of **both** attys/parties)

No ____ Yes ____ N/A ____ Reason: _____
Oppos. Attorney's signature of agreement is required: _____

COURT DATE AND TIME

Your case is set/reset on _____, 200__.

Beginning at _____ AM/PM for _____ min/hr/day.

Judge: Jose Juarez - Courtroom: 1103 - 65th & 171st District Court Family Law cases only.

Comments: _____