

No. _____

_____ § In the

Vs. § County Court Of

§ Madison County, Texas

SETTING REQUEST – CIVIL/CRIMINAL/PROBATE

TYPE OF SETTING REQUESTED:

☐ Hearing on Motion to/for _____
☐ Pretrial Hearing
☐ Bench Trial
☐ Jury Trial
☐ Ruling without a Hearing
☐ Other _____

Estimated amount of time required by both sides (minutes, hours, days)

REQUESTING ATTORNEY OR UNREPRESENTED PARTIES:

Name: _____ Address: _____
Phone Number: _____ Email: _____

ALL OTHER ATTORNEYS OF RECORD OR UNREPRESENTED PARTIES TO BE NOTIFIED:

Name: _____ Name: _____
Address: _____ Address: _____
Phone Number: _____ Phone Number: _____
Email: _____ Phone Number: _____

Specify a Court date from the County Court Calendar. Public Notices Calendar located on website. www.co.madison.tx.us

1 st Choice	2 nd Choice	3 rd Choice
<p>1. <i>Staphylococcus aureus</i></p> <p>2. <i>Escherichia coli</i></p> <p>3. <i>Salmonella enterica</i></p> <p>4. <i>Streptococcus pneumoniae</i></p> <p>5. <i>Haemophilus influenzae</i></p> <p>6. <i>Neisseria meningitidis</i></p> <p>7. <i>Listeria monocytogenes</i></p> <p>8. <i>Clostridium botulinum</i></p> <p>9. <i>Yersinia enterocolitica</i></p> <p>10. <i>Shigella flexneri</i></p>	<p>1. <i>Staphylococcus aureus</i></p> <p>2. <i>Escherichia coli</i></p> <p>3. <i>Salmonella enterica</i></p> <p>4. <i>Streptococcus pneumoniae</i></p> <p>5. <i>Haemophilus influenzae</i></p> <p>6. <i>Neisseria meningitidis</i></p> <p>7. <i>Listeria monocytogenes</i></p> <p>8. <i>Clostridium botulinum</i></p> <p>9. <i>Yersinia enterocolitica</i></p> <p>10. <i>Shigella flexneri</i></p>	<p>1. <i>Staphylococcus aureus</i></p> <p>2. <i>Escherichia coli</i></p> <p>3. <i>Salmonella enterica</i></p> <p>4. <i>Streptococcus pneumoniae</i></p> <p>5. <i>Haemophilus influenzae</i></p> <p>6. <i>Neisseria meningitidis</i></p> <p>7. <i>Listeria monocytogenes</i></p> <p>8. <i>Clostridium botulinum</i></p> <p>9. <i>Yersinia enterocolitica</i></p> <p>10. <i>Shigella flexneri</i></p>

I CERTIFY THAT A COPY OF THIS SETTING REQUEST HAS BEEN MAILED/DELIVERED TO ALL ATTORNEYS OR PARTIES OF RECORD.

SIGNATURE _____
DATE _____
STATE BAR NUMBER IF APPLICABLE _____

PLEASE RETURN REQUEST TO THE COUNTY JUDGE'S OFFICE.