## ARRAIGNMENT/PRE-TRIAL REQUEST FORM

## FAX # 281-326-5456

EMAIL: TLVCOURT@TLV-TX.US

Please Note: If you correspond with the Court via email, all future correspondence and official notices from the Court will be delivered to you at the email addressed used.

DEFENDANT'S NAME	<del></del>
TICKET #:	
	ation is the due date to resolve your citation. If you wish to bmit this form to schedule a pretrial hearing before the may be granted only ONE reset.
Any failure in electronic transmission defendant to verify that the Court did 1	of this Reset Request is the sole responsibility of the receive the requested reset.
	City of Taylor Lake Village. This court session est, Guilty or Not Guilty. If you wish to plead not guilty date.
	d time will result in a warrant being issued for the ne amount will be the MAXIMUM allowed by law plus
By signing this agreement I PROMISE	E TO APPEAR AS DIRECTED.
THIS NOTICE SIGNED & ELECTRO ON DAY OF,	
DEFENDANT'S SIGNATURE	DL #
MAILING ADDRESS	PHONE #
EMAIL ADDRESS	

SUBMIT THIS FORM WITH A COPY OF YOUR DRIVER'S LICENSE/PHOTO IDENTIFICATION CARD BEFORE YOUR INITIAL APPEARANCE DATE ON THE CITATION.