

CAUSE NUMBER \_\_\_\_\_

\_\_\_\_\_  
§ IN THE 7TH JUDICIAL  
VS. § DISTRICT COURT OF  
\_\_\_\_\_  
§ SMITH COUNTY, TEXAS

## REQUEST FOR SETTING

**Type of Hearing Requested:** \_\_\_\_\_

**Date Requested for Hearing:** \_\_\_\_\_

**Anticipated Length of Hearing:** \_\_\_\_\_

**Attorney for Plaintiff(s)**

(include address, telephone and telefax  
number for each attorney)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Attorney for Defendant(s)**

(include address, telephone and telefax  
number for each attorney)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*please attach a separate sheet for additional information*

**Date Request Submitted:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

I hereby certify that I have complied fully with the "Local Smith County Rules of Civil Trial." I further certify that I have mailed a copy of this Request to all counsel.

\_\_\_\_\_  
**Attorney for Requesting Party**