

REQUEST FOR TRIAL

**RETURN FORM AND
REQUIRED DOCUMENTS:**

BY FAX: 281-316-4123 - OR -
BY EMAIL: COURT@CITYOFWEBSTER.COM

QUESTIONS:

CALL COURT OFFICE: 281-338-6702

FILL IN ALL BLANKS:

DATE: _____

NAME: _____

ADDRESS: _____

PHONE #: _____

EMAIL: _____

CITATION #: _____

OFFENSE(S): _____

I am entering a plea of NOT GUILTY. **WRITE AN "X" IN ONE BOX ONLY:**

I request a trial by JURY

I waive my right to a trial by jury and request a trial by JUDGE

THE FOLLOWING STATEMENTS MUST BE INITIALED BEFORE SUBMITTING THIS FORM:

_____ I understand that submitting this form does not guarantee that my request will be granted by the Judge. It is my responsibility to contact the Court Office if I have not received a response within 7 days.

_____ I have included a copy of my driver's license or ID with this request.

DEFENDANT'S SIGNATURE

PLEASE CHOOSE HOW YOU WOULD LIKE TO RECEIVE YOUR DOCUMENTS:

MAIL

EMAIL

FAX: _____