

CAUSE NO. (S) \_\_\_\_\_

THE STATE OF TEXAS

§

\_\_\_\_\_ DISTRICT COURT

VS.

§

\_\_\_\_\_

§

CORYELL COUNTY, TEXAS

OFFENSE: \_\_\_\_\_ DATE: \_\_\_\_\_

**AGREED CASE RESET REQUEST FORM**

THE UNDERSIGNED ATTORNEY FOR THE STATE AND ATTORNEY FOR THE DEFENDANT, AGREE THIS CASE IS RESET FROM ITS CURRENT SETTING OF: \_\_\_\_\_ TO THE DATE(S) BELOW AND THE DEFENDANT WILL BE NOTIFIED BY THE DEFENDANT'S ATTORNEY. **ALL SETTINGS ARE AT 9:00 A. M. UNLESS OTHERWISE NOTED.**

ARRAIGNMENT _____	PRE-TRIAL HEARING _____
APP. ON INFO. _____	DOCKET CALL _____
PLEA ( _____ ) _____	JURY ANNOUNCEMENT _____
SENTENCING _____	TRIAL BY JURY/COURT _____
MTR/MTAG - ( _____ ) _____	BACK-UP TRIAL BY JURY _____
OTHER( _____ ) _____	

**This form must be signed by both parties before the Coordinator may consider approving the date(s). Please fax or email this form to the Court Coordinator's office for approval.**

**No cancellation of settings is effective without the agreement of the Court or the Court Coordinator.**

\_\_\_\_\_  
District Attorney

\_\_\_\_\_  
Defense Attorney

\_\_\_\_\_  
Please print name of DA

\_\_\_\_\_  
Please print name of Defense Attorney

APPROVED: \_\_\_\_\_  
Court Coordinator

NAME OF BONDSMAN TO BE NOTIFIED: \_\_\_\_\_