

REPLY FORM REQUEST FOR TRIAL

PLEASE PRINT OR TYPE:

Name _____

Citation # _____ Date of Citation _____

Mailing Address _____

City _____ State _____ Zip Code _____

Email Address _____

Cell Phone _____ Home Phone _____

Check to Acknowledge:

- I hereby enter a plea of **NOT GUILTY** and request a **TRIAL**. I understand that I will be required to appear on a **PRE-TRIAL** date and again on my **TRIAL** date.

SIGNATURE

DATE

Enclose a copy of your TX Driver's License or a picture ID.

Return form on or before your appearance date (30 days from date of citation).

Check One:

- I request a copy of my trial date letter to be **emailed** to the email address provided above.
- I request a copy of my trial date letter to be **mailed** to the current address provided above.

MAILING ADDRESS:

Cedar Hill Municipal Court
285 Uptown Blvd.
Cedar Hill, TX 75104

FAX:

972-291-5113

EMAIL ADDRESS:

Court@cedarhilltx.com