

## CIVIL DISTRICT COURT ANNOUNCEMENT FORM

THIS FORM MUST BE **FILLED OUT IN FULL** AND **RECEIVED NO LATER THAN 5:00 P.M. ON WEDNESDAY OF THE WEEK PRIOR** IN ORDER FOR THE ANNOUNCEMENT TO BE PROCESSED. ANNOUNCEMENT MUST BE E-MAILED TO: [TC.CivilDistrictAnnounce@traviscountytexas.gov](mailto:TC.CivilDistrictAnnounce@traviscountytexas.gov)

Date of Setting: \_\_\_\_\_;

Cause Number: D-1-\_\_\_\_-\_\_\_\_-\_\_\_\_\_

Case Style: \_\_\_\_\_

Hearing(s)/Trial(s) that are set: \_\_\_\_\_

Time Estimate (**TOTAL TIME FOR ENTIRE HEARING OR TRIAL**): \_\_\_\_\_

*For Jury docket cases and Family and Civil Monday Long docket cases only:*

Has Alternative Dispute Resolution (ADR) been completed or waived by the Court?:

Yes:\_\_\_\_\_; No:\_\_\_\_\_(If Not, Reason?\_\_\_\_\_)

### **FOR FAMILY LAW CASES ONLY:**

Is/Are Hearing(s) Still Necessary?: Yes:\_\_\_\_\_; No:\_\_\_\_\_

(If no, provide reason:\_\_\_\_\_)

Hearing/Trial Preference: Zoom:\_\_\_\_\_; In-person:\_\_\_\_\_ (If so, explain below)

District Judge being requested?: Yes: \_\_\_\_\_; No:\_\_\_\_\_

Has an Agreement been filed waiving right to De Novo?: Yes:\_\_\_\_\_; No:\_\_\_\_\_

Request for Record to be made of Proceeding?: Yes:\_\_\_\_\_; No:\_\_\_\_\_

Reason for In-person hearing:\_\_\_\_\_

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

**CONTACT INFORMATION IS REQUIRED FOR ALL CIVIL AND FAMILY CASES:**

Party Making Announcement: \_\_\_\_\_  
(Specify party type (i.e. Plaintiff/Defendant ; Petitioner/Respondent) **and** Party Name)

**Announcing Attorney / Self-Represented Litigant:**

Name: \_\_\_\_\_;

State Bar # (if applicable): \_\_\_\_\_;

Contact E-Mail Address: \_\_\_\_\_&

Contact Phone Number: \_(\_\_\_\_)\_\_\_\_\_ ; Alternate:\_(\_\_\_\_)\_\_\_\_\_

**Opposing Counsel / Self-Represented Litigant:**

Name: \_\_\_\_\_;

Contact E-Mail Address: \_\_\_\_\_&

Contact Phone Number: \_(\_\_\_\_)\_\_\_\_\_ ; Alternate:\_(\_\_\_\_)\_\_\_\_\_

**Other Parties / Attorneys**

Name: \_\_\_\_\_;

Contact E-Mail Address: \_\_\_\_\_&

Contact Phone Number: \_(\_\_\_\_)\_\_\_\_\_ ; Alternate:\_(\_\_\_\_)\_\_\_\_\_

**Other Parties / Attorneys**

Name: \_\_\_\_\_;

Contact E-Mail Address: \_\_\_\_\_&

Contact Phone Number: \_(\_\_\_\_)\_\_\_\_\_ ; Alternate:\_(\_\_\_\_)\_\_\_\_\_