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