CAUSE NO._____

_____	§	IN THE DISTRICT COURT
	§	
VS.	§	OF BRAZORIA COUNTY, TEXAS
	§	
_____	§	490TH JUDICIAL DISTRICT

Mrs. Cayla Meyers
Chief Court Coordinator
490th District Court
237 E. Locust St., Room 452.040
Angleton, Texas 77515

DATE: _____

Please set the above styled and numbered cause for trial on the merits on the [ ] Non-Jury or [ ] Jury Docket for the month of _____, 20_____.

In accordance with Rule 3, Rules of the District Courts of Brazoria County, Texas, the undersigned hereby certifies the following:

1. That the pleadings are in order;
2. That counsel upon whom the request for setting is served has not withdrawn from the case;
3. That all discovery will be completed prior to trial in accordance with the Texas Rules of Civil Procedure and any scheduling order in the case;
4. That all necessary ad litem appointments have been made;
5. That all matters preliminary to trial have been accomplished;
6. That all parties or counsel of record have been supplied with copies of the request for setting;
7. That the case will be ready for trial; and
8. That the approximate number of days to try this case is _____.

_____
(Signature of party making request and certification)

Name: _____

Firm: _____

Address: _____

_____

E-mail:_____

Phone: _____

Fax: _____

Attorney for: _____
[ ] Plaintiff [ ] Defendant

The following counsel should receive notice of the trial setting:

Name: _____

Firm: _____

Address: _____

_____

E-mail:_____

Phone:_____

Fax:_____

Attorney for:_____
[ ] Plaintiff [ ] Defendant

Name: _____

Firm: _____

Address: _____

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E-mail:_____

Phone:_____

Fax:_____

Attorney for:_____
[ ] Plaintiff [ ] Defendant

Name: _____

Firm:_____

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Fax: _____

Attorney for: _____
[ ] Plaintiff [ ] Defendant

Name:_____

Firm:_____

Address:_____

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Phone: _____

Fax: _____

Attorney for:_____
[ ] Plaintiff [ ] Defendant

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Firm: _____

Address:_____

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E-mail: _____

Phone: _____

Fax: _____

Attorney for:_____
[ ] Plaintiff [ ] Defendant

Name: _____

Firm: _____

Address:_____

_____

E-Mail:_____

Phone: _____

Fax: _____

Attorney for:_____
[ ] Plaintiff [ ] Defendant