

**REQUEST FOR ASSIGNMENT**

REQUESTING COURT:

COUNTY:

DATE:

REQUESTING JUDGE:

REQUESTED BY:

Court Coordinator

REASON FOR REQUEST (check one)

\_\_\_ \_\_\_ Recusal (Rule 18 (a))

\_\_\_\_\_ Illness (Judge or family member)

\_\_\_\_\_ Disqualification

\_\_\_\_\_ Attorney contempt

\_\_\_\_\_ Election contest

\_\_\_\_\_ Suit to remove elected official

\_\_\_\_\_ Docket control

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\_\_\_\_\_ Other

\_\_\_\_\_ Personal emergency  
(state nature of emergency)

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Additional Information:

Date needed:

Type of Docket:

Length of assignment:

If assignment is requested for specific case:

Cause number:

Name of suit:

Styled of Case:

Estimate of time to try case: \_\_\_\_\_ 15-30 minutes  
\_\_\_\_\_ One-half day

OR \_\_\_\_\_ 45 minutes  
OR \_\_\_\_\_ One (1) full day

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PLEASE FAX TO FIRST A.J.R. AT 214-653-2957.