

505TH DISTRICT COURT

RECORD REQUEST FORM

*If you would like a record, please complete this form in its entirety and hand it to the Court Reporter when your hearing starts. If your hearing is by Zoom, please email this form to Melinda.Bowers@fortbendcountytexas.gov prior to the start of your hearing.

*Please write legibly and spell all names correctly.

Date: _____

Cause Number: _____

Style of Case: _____

**** IF YOU DO NOT HAVE AN ATTORNEY, PROVIDE YOUR PERSONAL INFORMATION**

Full Legal Name of Client: _____

Attorney's Name: _____

Attorney's Address: _____

Attorney's Email Address: _____

Attorney's Phone Number: _____

Attorney's State Bar Number: _____

Full Legal Name of Client: _____

Attorney's Name: _____

Attorney's Address: _____

Attorney's Email Address: _____

Attorney's Phone Number: _____

Attorney's State Bar Number: _____

Full Legal Name of Client: _____

Attorney's Name: _____

Attorney's Address: _____

Attorney's Email Address: _____

Attorney's Phone Number: _____

Attorney's State Bar Number: _____

****Attach additional sheets if necessary**