Request for Pre-Trial

Defendant's Name:			
Defendant's Date of Birth: _		 _ Driver's License N	No
I,	, Defend	ant, hereby enter my	plea of NOT GUILTY and
request a: TRIAL BY	JURY or \square	TRIAL BY COURT	T/JUDGE
I understand that the initial (Court date will be fo	r a Pre-Trial or First	Appearance conference
with the Municipal Prosecut	tor.		
Signed on the of	f	, 20	
		Defendant's Sig	gnature
STOF ELGE	Address: _		
MICIPAL COS	Phone Number		

If completing by mail please return this form certified to: ELGIN MUNICIPAL COURT P.O BOX 591 ELGIN, TEXAS 78621

If you have any questions or need additional information, you may contact the Court at (512) 281-0318