



# Virtual Court Hearing Request Form

**This form must be completed by the person that received the citation.**

*Please print clearly:*

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Driver's License No. \_\_\_\_\_ State: \_\_\_\_\_

Address: \_\_\_\_\_ Apt No. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Please list the citation(s) for which you would like to schedule a virtual court hearing:

CITATIONS #	OFFENSE CHARGED

ELIGIBLE CASES	NOT ELIGIBLE CASES
All traffic moving citations Defective Equipment Disorderly Conduct Driving While License Invalid/Suspended Expired Registration Fail to Change Address on Driver License Fail to Maintain Financial Responsibility (No Insurance) No Driver License/Expired Driver's License Possession of Drug Paraphernalia Public Intoxication Theft Minor in Possession/Consumption of Alcohol or Tobacco Driving Under the Influence Public Intoxication by a Minor Juveniles	Assault- Family Violence Any case in which the prosecutor has exercised their right to be heard on the case.

I, verify, under penalty of perjury under the laws of the United States of America, that the above information is true and correct. I understand that any paperwork the Court sends to me will be mailed to the address that I have provided the Court. If my address changes, I will contact the Court by mail or in person to provide the updated information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Email completed form to: [emartinez@evermantx.net](mailto:emartinez@evermantx.net)