RESET OF INITIAL APPEARANCE FAX # 281-326-0165

DEFENDANT'S NAME	
TICKET #:	-
I am requesting a <u>RESET</u> for my initial appearance date. I understand that I may be granted only ONE reset.	
Any failure in electronic transmission of this fa verify that the Court did receive this fax.	x is the sole responsibility of the defendant to
Court is held at 98 Lakeshore Drive in the City is to enter your plea of either No Contest, Guilt your case will be reset for a later Trial date.	
Failure to appear on the rescheduled date and ti FAILURE TO APPEAR being filed and a warr	1
By signing this agreement I PROMISE TO API	PEAR AS DIRECTED.
THIS NOTICE SIGNED & FAXED ON	, DAY OF,, 20
DEFENDANT'S SIGNATURE DI	L#
MAILING ADDRESS PH	HONE #

FAX THIS FORM WITH A COPY OF YOUR DRIVER'S LICENSE/PHOTO IDENTIFICATION CARD BEFORE YOUR INITIAL APPEARANCE DATE ON THE CITATION.