

City of Austin Municipal Court Address: 700 E. 7th St., Austin, TX 78701 Mail: P.O. Box 2135, Austin, TX 78768

Phone: (512) 974-4800; Fax: (512) 974-4882 Email: court@austintexas.gov; Internet: www.austintexas.gov/court



Attorney Appearance Docket Waiver

		e Number(s):		
Appeara	ance Docket Waiver (Note: This form car	only be us	sed for an Appearance Docket)
	The State of Texas	§		In the Municipal Court
		§		
•	/S	§		City of Austin
		§		
_		§		
Attorne	ev of Record.			, for the above
	e(s), requests to waive			
Please	set the case reference	d above for trial bet	ore a O .	TUDGE or OJURY (select one).
By requesting	a trial by Judge, the r	ight to a JURY trial	is waived.	
-	_		l that I am	waiving my client's right to atrial
by JURY. Inii	rials			
		Signature:	orney of R	

The City of Austin is committed to compliance with the American with Disabilities Act. Reasonable modifications and equal access to communications will be provided upon request.