



# CITY OF HOUSTON

Municipal Courts Department



## MOTION FOR NEW TRIAL

NAME (Nombre)		Date of Birth (Fecha de Nacimiento)
ADDRESS (Direccion)		Driver's License Number
CITY	STATE	ZIP
PHONE-HOME	WORK	CELL
EMAIL ADDRESS:		

CASE # [Numero(s) de caso(s)]: \_\_\_\_\_ PAGE # \_\_\_\_  
 \_\_\_\_\_ OF \_\_\_\_\_

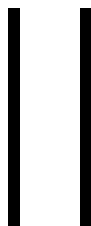
<b>PLEASE EXPLAIN IN DETAIL</b>
Check here if detailed explanation is included on additional pages: <input type="checkbox"/>

### ATTORNEY'S INFO

Attorney's Name (Please Print)	BAR CODE
Address, City, State & Zip	Phone Number:

### For Office Use Only

**MOTION FOR NEW TRIAL**  
 +15 DAYS: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 OVERRULED BY OPERATION OF LAW DUE DATE  
 (30 DAYS FROM EVENT DATE): \_\_\_\_  
 JUDGE: \_\_\_\_\_ # OF CASES: \_\_\_\_  
 FAX #: 713.247. 5267  
 VOICE: 713. 247. 5590



<b>FILED</b> <b>Charlotte Lang Booker</b> Clerk of the Court
Received by: _____
Date Received _____

