CITY OF HOUSTON

Municipal Courts Department

MOTION FOR NEW TRIAL

Name: _____ **Date of Birth:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Wk Phone:** _____ **Cell Phone:** _____

Case # (s):

Case # (s):

Attorney's Name: _____

Attorney's Address: _____

_____

Attorney's Phone Number: _____

FILED BY CHIEF CLERK

SAHIRA J. ABDOOL

Received By: _____

Date Received: _____