



CITY OF HOUSTON

Municipal Courts Department



MOTION FOR NEW TRIAL

NOTICE OF APPEAL (APPEAL TO COUNTY)

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 _____

PLEASE EXPLAIN IN DETAIL

Check here if detailed explanation is included on additional pages:

ATTORNEY'S INFO
(ONLY IF ATTORNEY IS FILING MOTION / NOTICE OF APPEAL)

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

NOTICE OF APPEAL

COURT REPORTER'S DUE
 DATE (60 DAYS) _____
 COUNTY DUE DATE
 (100 DAYS) _____

FILED <u>Gregory Prier, M.P.A.</u> Clerk of the Court
Received by: _____
Date Received _____

