JUSTICE COURT
PRECINCT 1
COLLIN COUNTY

EXAMINING TRIAL REQUEST

DEFENDANT: _____

CHARGE: _____

TRN #: _____ D.O.B.: _____

BOND: _____ ARREST DATE: _____

ARRESTING AGENCY_____

WARRANT: NO YES _____
WARRANT NUMBER

ATTORNEY: _____

EMAIL: _____

MAILING ADDRESS: _____

ATTORNEY OFFICE PHONE: _____

ATTORNEY CELL PHONE: _____

ONE FORM PER CHARGE

*NOTICE: EMAIL IS THE PRIMARY CHOICE OF CORRESPONDANCE BY THE COURT TO ALL PARTIES.

The information on this form can be obtained by calling or emailing Camesha Bailey:
972-548-4143 / Fax 972-548-4188 cbailey@collincountytx.gov (MONDAY – FRIDAY)