**It is the Responsibility of the Attorney requesting the court setting to give proper notice to opposing counsel, the parties involved, and any ad-litems.**

Attorney Name:

**Has Mediation been done?** **Yes:  No: **

All parties have agreed to this setting. **Yes:  No: **

If Jury (has Jury fee been paid):

Jury or Bench Trial:

If requested setting is a Trial

Type of Hearing (be specific on what motions are to be heard):

**Realistic** Time Required:

(for all parties)

Signature of Requestor: Date:

Email:

Fax Number:

Phone Number:

Email:

Fax Number:

Phone Number:

Attorney Name:

I do hereby verify that the appropriate Motion(s) for the type of hearing requested have been filled with the County or District Clerks Office prior to this setting request:

Requesting Date Range for Setting:

Address:

**Respondent/Contestant/Defendant Movant: **

Address:

**Petitioner/Applicant/Plaintiff Movant:** 

Style of Case:

Cause No:

By submitting this “request for setting” the requesting attorney certifies to the Court that you have conferred or attempted to confer in good faith with the attorney for each opposing party to resolve the issues to be raised in this setting; that a copy of this has been furnished to all counsel in this case, and that you have attempted to confer with all opposing parties on a reasonable time frame or this setting.

**COURT SETTING REQUEST**

County Court at Law – Polk County

This Hearing is set\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Court Representative