

COURT SETTING REQUEST

County Court at Law – Polk County

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.

Cause No:

Style of Case:

Petitioner/Applicant/Plaintiff

Movant: ☐

Attorney Name:

Address:

Phone Number:

Fax Number:

Email:

Respondent/Contestant/Defendant

Movant: ☐

Attorney Name:

Address:

Phone Number:

Fax Number:

Email:

Requesting Date Range for Setting:

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

Realistic Time Required:
(for all parties)

If requested setting is a Trial

Jury or Bench Trial:

If Jury (has Jury fee been paid):

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:

Signature of Requestor:

Date:

All parties have agreed to this setting.

Yes: ☐

No: ☐

Has Mediation been done?

Yes: ☐

No: ☐

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

This Hearing is set _____.

Court Representative