



CITY OF DALLAS

Attorney Virtual Court Hearing Request Form

This form must be completed by the Attorney of Record. Email completed form with a valid photo ID and TX Bar Card to CityofDallasAttyVirtualCourt@dallascityhall.com.

Attorney First and Last Name

Dallas Municipal Court Account Number

Mailing Address

Email Address

City, State, Zip

Business Phone Number

Please list the citation(s) you would like to schedule for an Attorney virtual court hearing (**maximum of 10 citation(s) per virtual hearing**): Example: **C12345678-01**

(1) _____

(6) _____

(2) _____

(7) _____

(3) _____

(8) _____

(4) _____

(9) _____

(5) _____

(10) _____

******* When you request a Virtual Hearing online, please note this is a REQUEST ONLY. The court will provide a response by email or phone within 3 business days and will utilize the email address or phone number listed on the Attorney Virtual Court Hearing Request Form. *******

Place TX Bar Card here when copying

Place Attorney Driver's License here when copying

I, (Print Name) _____, verify, under penalty of perjury under the laws of the United States of America, that the above information is true and correct. I understand that any paperwork the Court sends to me will be mailed to the address that I have provided the Court. If my address changes, I will contact the Court by mail or in person to provide the updated information.