



CITY OF DALLAS

Attorney Contact Verification Form

Information provided from this form will be used to create/ maintain attorney record in the court case management software.

Attorney First Name

Attorney Last Name

Business Phone Number

Dallas Municipal Court Account Number

Mailing Address

Email Address

City, State, Zip

I would like to receive text for official Court notices. **(Please check one):** Yes No

For qualified hearings, the City of Dallas Municipal Court will schedule you for a **VIRTUAL HEARING** in accordance with local and state guidelines governing in-person occupancy.

To **opt-out** of the virtual hearing and appear in-person, please indicate below:

(Initial) _____ **I DO NOT** want a virtual hearing and will appear in-person.

I 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.

Attorney Signature: _____ Date: _____

The Dallas Municipal Court’s main priority is safety and is taking precautionary steps to protect you and court staff during the COVID-19 pandemic. Please visit courts.dallascityhall.com for the latest requirements to enter the Dallas Municipal Court Building.

Place TX Bar Card here when copying

Place Attorney Driver’s License here when copying