



City of Dallas

Verification of Contact Information Form

This form must be filled out and signed by the person that received the citation.
Please **PRINT** the following information:

Name: _____ Date of Birth: _____

Driver's License / State ID#: _____ State: _____

Cell Phone: _____ Home Phone: _____

E-Mail Address: _____

Home Address: _____

City: _____ State: _____ Zip: _____

If the mailing address is different than the home address, please fill out mailing address information:

Mailing 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, (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.

Defendant Signature: _____ Date: _____