

CAUSE NO. \_\_\_\_\_

THE STATE OF TEXAS

§  
§  
§  
§  
§

IN THE COUNTY COURT

VS.

AT LAW

\_\_\_\_\_

SAN PATRICIO COUNTY, TEXAS

**INFECTIOUS DISEASE PROTOCOL RESET**

1. The above case is set on: \_\_\_\_\_, 2020 @ \_\_\_\_\_ am/pm for a

\_\_\_\_\_ Arraignment

\_\_\_\_\_ Pre-Trial

\_\_\_\_\_ Jury Trial

\_\_\_\_\_ other, please state what hearing is scheduled: \_\_\_\_\_

\_\_\_\_\_

2. A reset of the above case is hereby requested because:

\_\_\_\_\_ (name) *IS ILL* and they are:

\_\_\_\_\_ a Party to this case;

\_\_\_\_\_ an Attorney of record in this case;

\_\_\_\_\_ a necessary witness in this case;

\_\_\_\_\_ other, please state relationship to the case: \_\_\_\_\_

\_\_\_\_\_

3. The undersigned hereby affirms that they have consulted with opposing counsel or the opposition and:

\_\_\_\_\_ There is no opposition to this request; or

\_\_\_\_\_ This request is opposed by: \_\_\_\_\_.

**Respectfully submitted,**

\_\_\_\_\_  
**Attorney for Defendant**

SBN: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_