

**BOERNE MUNICIPAL COURT  
124 OLD SAN ANTONIO RD  
BOERNE, TX 78006**

REQUEST FOR HEARING FORM

The Texas Supreme Court has mandated that Remote or Virtual Hearings should be utilized in the Courts in the State of Texas, if possible. You have the right to and are encouraged to handle your proceedings remotely through a Zoom hearing as opposed to personally appearing before the Court. You may also be able to handle your cases through the mail or email and thus avoid a formal proceeding altogether. If it is impossible, for whatever reason, for you to participate and appear remotely on the Virtual Court docket to be conducted via Zoom, please indicate that below and arrangements will be made for you to appear in-person. For a Zoom hearing, you will need to have access to a computer or smart phone with internet capabilities. To insure that we have your correct contact information, please complete the information below and return it to us either by mail, email to [courtstaff@ci.boerne.tx.us](mailto:courtstaff@ci.boerne.tx.us) or fax to 830-331-9465.

**\*\*When participating via Zoom in the Virtual Courtroom, you will need to strictly comply with the scheduled time provided to you by the Court or be subject to further Orders from the Court\*\***

-----

Citation #: \_\_\_\_\_

Plea: (circle one)    **GUILTY**        **NO CONTEST**        **NOT GUILTY – mandatory pretrial will be scheduled**

\_\_\_\_\_ I affirm that I **do not** have the capability to appear remotely and understand that I will be notified of my in-person court date and time to appear.

\_\_\_\_\_ I affirm I **do** have the capability to appear remotely. I understand that my case will be heard remotely via Zoom, and that I will be notified of the date and time for the virtual hearing. I affirm that the information below is my current contact information and I will notify the court immediately should any information change. I understand the court will send all correspondence to the email address I provide below. I am providing the court with a copy of my picture driver's license or identification card in order to verify my identity.

Signed this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Mailing address

\_\_\_\_\_  
Email address