

STATE OF TEXAS

vs.

_____, Defendant

§

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CAUSE NUMBER: _____

OFFENSE DATE: _____

REQUEST FOR VIRTUAL ARRAIGNMENT SETTING

To request a virtual arraignment for your case, complete this form and submit by one of the following options:

- 1) **Email: court@manortx.gov**
- 2) **Mail: Po Box 589
Manor, TX 78653**
- 3) **Fax: 512-272-8636**
- 4) **Drive Thru: 105 E. Eggleston St., Manor, TX 78653**

I understand the following (initial next to each item)

By requesting a virtual arraignment hearing for my case that I am required to appear virtually.

If I fail to appear, a warrant for my arrest may be issued.

A functioning camera and microphone on a laptop, desktop, tablet or phone is required

An email address is required to participate in the virtual court system

Date: _____

Defendant Signature: _____

Mailing Address: _____

City: _____ State: _____ Zip _____

Phone #: _____ Email: _____