



GARLAND

MUNICIPAL COURT

CONTACT INFORMATION

Date: _____ Citation# _____

I, _____, acknowledge that I have notified the City of Garland Municipal Court with a current:

Home Address _____ City _____ State _____ Zip Code _____

Home Telephone Number _____ Cell Number _____

Employer Name _____ Employer Phone _____

Employer Address:

_____ City _____ State _____ Zip Code _____

If not employed, please provide source of support:

Name: _____

Telephone Number: _____

List the Names of Two References and Contact Numbers:

1. _____ Telephone Number: _____

2. _____ Telephone Number: _____

Defendant Signature: _____ Date: _____

Attorney Signature: _____ Date: _____

Verified by: _____ Date: _____

Notes: PLEASE MAIL BACK PRIOR TO APPEARING IN COURT