

CONTACT INFORMATION

Date:	ate: 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 sour			
Telephone Number:			
List the Names of Two References a 1 2	Teleph	Telephone Number:	
Defendant Signature:		Date:	
Attorney Signature:		Date:	
Verified by:		Date:	

Notes: PLEASE MAIL BACK PRIOR TO APPEARING IN COURT