

**JUSTICE COURT
Precinct 1
Collin County, Texas**

EXAMINING TRIAL REQUEST

Date: _____

Defendant: _____

DOB: _____ Bond: _____

Attorney: _____

Attorney E-mail: _____

Mailing Address: _____

Attorney Office Phone: _____ Attorney Cell Phone: _____

Charge: _____

Offense Date: _____ Arrest Date: _____

Arresting Agency: _____

On View Arrest or Warrant: On View Arrest or _____
Warrant Number

Agency Issuing Warrant (if applicable): _____

TRN: _____

ONE FORM PER CHARGE

NOTICE: E-Mail is the primary choice of correspondence by the Court to all parties.

The information on this form can be obtained by contacting Camesha Bailey Monday – Friday
972-548-4143 • Fax: 972-548-4188 • cbailey@collincourttx.gov