



**MAGISTRATE COURT
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: _____
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 Suzanne Davis Monday – Friday
(972)548-4177 • magistrateextrials@co.collin.tx.us