

CAUSE NO. \_\_\_\_\_

THE STATE OF TEXAS

§

IN THE COUNTY CRIMINAL

vs.

§

COURT AT LAW NO. \_\_\_\_\_

\_\_\_\_\_

§

HARRIS COUNTY, TEXAS

Charge: \_\_\_\_\_

### CASE RESET FORM

**Reset Date:** The undersigned Defendant and Counsel acknowledge that this case is reset from \_\_\_\_\_

to: \_\_\_\_\_ at \_\_\_\_\_

The State has offered:       The State and Defense agree as follows:

\_\_\_\_\_  
\_\_\_\_\_

Attorney for the State Signature

Defendant Signature  On Bond  In Jail /  Appearance Waived

Attorney for the Defendant (print)     Retained     Appointed

Defendant Address

Attorney Bar No.

Attorney SPN

Defendant City, State, Zip Code

Attorney Signature

Defendant Email Address       Opt in     Opt out

Attorney Email Address

Attorney Telephone No.: \_\_\_\_\_

Defendant Phone No.:     Home     Cell     Opt in     Opt out

### FOR COURT STAFF USE ONLY

**Reset By:**     Defense     Prosecution     Court

**Setting Type:**     Regular–Appearance Waived     Regular–Appearance not Waived

Required–Appearance Waived     Required–Appearance not Waived

**Setting Reason:**

- |                               |                               |                                     |                               |                               |                                      |
|-------------------------------|-------------------------------|-------------------------------------|-------------------------------|-------------------------------|--------------------------------------|
| <input type="checkbox"/> ARRG | <input type="checkbox"/> DPID | <input type="checkbox"/> JTRL       | <input type="checkbox"/> MCRH | <input type="checkbox"/> PTCR | <input type="checkbox"/> PTMO        |
| <input type="checkbox"/> CTRL | <input type="checkbox"/> DPIH | <input type="checkbox"/> MAJ / MRPH | <input type="checkbox"/> MOTN | <input type="checkbox"/> PTID | <input type="checkbox"/> RDLH / XDLH |
| <input type="checkbox"/> DISM | <input type="checkbox"/> DPIV | <input type="checkbox"/> MCH        | <input type="checkbox"/> NTRL | <input type="checkbox"/> PTIH | <input type="checkbox"/> SFBF        |
| <input type="checkbox"/> DISP | <input type="checkbox"/> FELP | <input type="checkbox"/> MCHJ       | <input type="checkbox"/> PLEA | <input type="checkbox"/> PTDV | <input type="checkbox"/> _____       |

**Reason for Reset:**

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Attorney Not Present   | <input type="checkbox"/> D.A. Evaluate Case       | <input type="checkbox"/> Need Clearance Letter     | <input type="checkbox"/> Restitution Info       |
| <input type="checkbox"/> Complete Program:      | <input type="checkbox"/> D.A. Re-File as Felony   | <input type="checkbox"/> No Evaluation: _____      | <input type="checkbox"/> RIP                    |
| _____   | <input type="checkbox"/> Defendant Consider Offer | <input type="checkbox"/> No Offense Report         | <input type="checkbox"/> To Hire Attorney       |
| <input type="checkbox"/> Compliance MAJ / MRP   | <input type="checkbox"/> Defendant Has New Case   | <input type="checkbox"/> No Video/Audio/Lab: _____ | <input type="checkbox"/> To Request Interpreter |
| <input type="checkbox"/> D.A. Chief Unavailable | <input type="checkbox"/> FELP                     | <input type="checkbox"/> Refer to FCLD             | <input type="checkbox"/> _____                  |

**Setting Date Approved By:**

\_\_\_\_\_  
Judge / Coordinator  
CCL Form 2



\_\_\_\_\_  
Date Signed

12-03-2020