

**COURT REPORTER'S REQUEST FOR RECORD**

**PLEASE PRINT CLEARLY**

DATE OF TRIAL/HEARING: \_\_\_\_\_

CAUSE NUMBER \_\_\_\_\_

\_\_\_\_\_  
Plaintiff(s)

IN THE COUNTY CIVIL COURT

VS.

AT LAW NO. 2 (TWO)

\_\_\_\_\_  
Defendant(s)

HARRIS COUNTY, TEXAS

Please **COMPLETE THE FOLLOWING or ATTACH YOUR BUSINESS CARD.**

**ATTORNEY FOR PLAINTIFF or PRO SE/PLAINTIFF:**

Name: \_\_\_\_\_

Texas State Bar Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**ATTORNEY FOR DEFENDANT or PRO SE/DEFENDANT:**

Name: \_\_\_\_\_

Texas State Bar Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**AD LITEM:**

Name: \_\_\_\_\_

Texas State Bar Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**WITNESSES' NAMES:**

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