

REQUEST FOR RECORD FROM COURT REPORTER

DATE OF TRIAL/HEARING: _____

CAUSE NUMBER: _____

Plaintiff(s)

VS.

Defendant(s)

IN THE COUNTY CIVIL COURT

AT LAW NO. FIVE (5)

OF HARRIS COUNTY, TEXAS

*Please complete the form, e-file it in your case, **and** send a copy to Lettie_Witter@ccl.hctx.net*

ATTORNEY FOR PLAINTIFF or SELF-REPRESENTED/PLAINTIFF:

Name: _____

Texas State Bar Number: _____

Telephone Number: _____

ATTORNEY FOR DEFENDANT or SELF-REPRESENTED DEFENDANT:

Name: _____

Texas State Bar Number: _____

Telephone Number: _____

AD LITEM:

Name: _____

Texas State Bar Number: _____

Telephone Number: _____

WITNESSES' NAMES:

Records are taken only upon request. Failure to complete this form for each setting and provide it to the Court Reporter may result in no record being taken.