

65th DISTRICT PROTECTIVE ORDER COURT
HONORABLE VICTOR SALAS
500 E. San Antonio, Rm 1003, El Paso, Texas 79901
PHONE 915-273-3123
[EMAIL TO: DMACIAS@EPCOUNTY.COM](mailto:DMACIAS@EPCOUNTY.COM)

HEARING REQUEST FORM

Cause No.: _____

From: Bar No. _____

Attorney for _____: _____

Telephone: _____ Email: _____ Fax: _____

Opposing Attorney: _____ Bar No. _____

Attorney for _____: _____

Telephone: _____ Email: _____ Fax: _____

Intervenor/Other Attorney: _____ Bar No. _____

Attorney for _____: _____

Telephone: _____ Email: _____ Fax: _____

Type of Hearing: _____ Amount of Time Requested: _____

To Be: Set _____ Cancelled _____ Reset _____

Current Date of Hearing: _____ Time: _____

Reason for Cancellation/Resetting: _____

Is opposing attorney or party in agreement to cancel or reset? _____

(RULE: IF NO AGREEMENT, party requesting reset must file a motion to continue, set that motion for a hearing and providing opposing party notice of hearing date and time). _____

****THIS SECTION IS FOR COURT STAFF****

COURT DATE AND TIME

The _____ hearing is set for _____ at _____

Comments: _____

ASSOCIATE JUDGE
VICTOR SALAS