

REQUEST FOR NOTICE OF HEARINGS

DISTRICT _____ ATTORNEY ETHICS COMMITTEE

RE: Committee vs. _____

DOCKET NO. _____-_____-_____

Please provide notification of all hearings in the above named matter to (please print):

Name: _____

Street or P.O. No.: _____

City, State, Zip: _____

Daytime Telephone: (____) ____ - ____ Fax: (____) ____ - ____

Signed: _____ Date: _____

To be filled out by Secretary or Designee:

Hearing Dates	Date Notified	How Notified

Adjournments	Date Notified	How Notified

Please return this form to:

(Full Name) _____

(District #) _____