

**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: \_\_\_\_\_

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**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 # ) \_\_\_\_\_