

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 |
|---------------|---------------|--------------|
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| Adjournments | Date Notified | How Notified |
|--------------|---------------|--------------|
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Please return this form to:

(Full Name) _____

(District #) _____