

Cause Number _____

Complete this section so that it looks exactly like the Petition filed in your case.

In the: (check one):

- District Court
- County Court at Law
- Justice Court (JP)

Court Number

County, Texas

Motion to Reinstate Case on Docket and Notice of Hearing

1. My name is: _____.
2. I am the: Petitioner Respondent in this case.
3. This case was dismissed by an order signed on (date): _____.
4. The act or omission resulting in dismissal was not intentional or the result of conscious indifference but was due to an accident or mistake.

I did not respond to the notice of dismissal before my case was dismissed because:

(Check box below only if applicable and true.)

- It has been more than 30 days since this case was dismissed. I did not receive mailed or actual notice of the Order of Dismissal within the 20 days after the Order of Dismissal was signed by the Court. I received notice of the Order of Dismissal on (date) _____, which is _____ number of days after the Order of Dismissal was signed by the Court.

I found out my case was dismissed in the following manner:

I ask the Court to sign an Order reinstating this case.

Respectfully submitted,



Your Signature

Date

Your Printed Name

(_____) _____
Phone

Your Mailing Address City State Zip

Your Email Address: Your Fax # (if available)

Declaration

(Texas Civil Practice and Remedies Code, Section 132.001)

I declare under penalty of perjury that: 1) I am above the age of eighteen years, 2) I am fully competent to make this declaration and 3) the facts stated in this *Motion to Reinstate* are within my personal knowledge and are true and correct.

My full name is: _____,

my date of birth is: ____/____/____, and

my address is: _____
Street Address City State Zip Code Country

My email address is _____.

Signed in _____ County, _____, on this date: ____/____/____.
County State



Your signature

Notice of Hearing

The above motion is set for hearing on _____ at _____ m.
at the _____ County Courthouse, located at:

Physical Address of Courthouse City State Zip



Signature of Judge or Clerk (if required in your County)

Certificate of Service

I will give a copy of this document to each party or attorney of record on the same day this document is filed with (turned in to) the Court as follows:

If I file this document electronically, I will send a copy of it to each party or attorney of record through the electronic file manager if possible. If not possible, I will give a copy to each party or attorney of record in person, by mail, by commercial delivery service, by fax, or by email.

If I file a paper copy of this document, I will give a copy of it to each party or attorney of record in person, by mail, by commercial delivery service, by fax, or by email.



Your signature

Date