



CRIMINAL DISTRICT ATTORNEY
Jefferson County Courthouse
1085 Pearl Street - 3RD Floor
Beaumont, Texas 77701-3545
(409) 835-8550

T A P E R E Q U E S T

Defendant's Name: _____

Cause No.: _____

Defense Attorney: _____

Date Submitted to District Attorney's Office: _____

Date Pulled by Trial Division and given to front desk for copying: _____

Date Copied: _____ by _____

COMMENTS: _____ **READY FOR PICKUP** _____

DEFENSE ATTORNEY SIGNATURE: _____

DATE OF PICKUP: _____