

MUNICIPAL COURTS EDUCATION COMMITTEE STANDARD WAIVER REQUEST FORM

Mail this completed waiver to the Municipal Courts Education Committee, c/o TMCEC by one of the following methods:

Mail: 2210 Hancock Drive, Austin, Texas 78756

Fax: 512-435-6118

Email: register@tmcec.com

Name: _____

Mailing Address: _____

Telephone Number: _____

City or cities in which you preside as judge: _____

Are you a licensed attorney in Texas? _____

Your appointment/election date to the bench: Month _____ Day _____ Year _____

For what fiscal year are you requesting a Waiver? September 1, 20____ to August 31, 20____.

Date and location of last municipal court judicial education seminar attended:

City: _____

Dates: _____

Give an explanation of the basis for your request. Attach additional pages, if necessary. Attach any documentation which supports your request, such as doctor's statements, etc.

The primary basis for this waiver is:

_____ personal illness
_____ family illness
_____ no longer a judge (provide last date in office: _____)
_____ other _____

I certify that the information provided above is true and correct to the best of my knowledge:

Signature

Date

NO PHONE CALLS WILL BE ACCEPTED. ALL COMMUNICATION WITH THE COMMITTEE ABOUT WAIVERS **MUST** BE IN WRITING.