

# 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: [judicial@tmcec.com](mailto:judicial@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.

Revised September 2025