

Cause No. _____
State of Texas §
vs §
Name: _____ §
Address: _____ §
Phone: _____ §

In The Justice Court
Precinct No. Three
Montgomery County, Texas
Judge Jay Mac Sanders

PRECINCT 3 COUNSELING/CLASS VERIFICATION FORM

The following is to be completed by the counselor/instructor:

Name of organization/agency: _____

Name of counselor: _____

Contact phone number: _____

Completion date(s): _____

Number of sessions: _____

Signature of counselor/instructor: _____

Date signed _____

IT IS THE DEFENDANT'S RESPONSIBILITY TO RETURN THIS FORM TO OUR OFFICE BY YOUR COMPLETION DATE. IT MAY BE RETURNED IN PERSON, BY MAIL, FAX OR EMAIL. FOR QUESTIONS REGARDING THIS MATTER OR IF YOU ARE UNABLE TO COMPLETE YOUR HOURS, CONTACT THE COURT IMMEDIATELY.

