

CAUSE NO. _____

THE STATE OF TEXAS

§

IN THE COUNTY CRIMINAL

§

COURT NUMBER # ____ OF

§

DALLAS, COUNTY, TEXAS

DEFENDANT'S WAIVER OF BAIL REVIEW HEARING

I have been informed and understand that I have the right to have a bail review hearing in my case(s). I DO NOT WANT a bail review hearing at this time. I understand that I may contact my attorney to request a bail review hearing at a future date should I so desire. I understand that a copy of this document will be filed with the Court on this date and acknowledge that I have received a copy of this document as well.

Signature : _____ Date: _____