

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: \_\_\_\_\_