## WOOD COUNTY COURT

## PROBATE REQUEST FOR SETTING

Date:	Cause No.:	
Style of Case:		
Specify Type of Hearing (Be	specific please – heirship, letters testamen	ntary, etc.):
Attorney for Applicant:		-
Email:		
Attorney Ad Litem: Telephone No.:	<u> </u>	
Attorney:		-
Amount of Time Requested for	or the Hearing: (Time v	vill be strictly adhered to.)
Specify Two to Three Dates C	Convenient for All Parties (Held on Mond	lays, Except Holidays):
Is it contested?Y	N Is a court reporter needed	?YN
Has the Original Will been de	elivered to the County Clerk's Office?	YN
Waivers, Consents, Appointr	at Renunciations of Right to the Issuance ments of Registered Agent, Original Wil FILE PRIOR TO REQUESTING A I	lls and Codicils, Proposed
Please identify the name(s) of	f any witness(es) attending the hearing:	

Please email (do not eFile) completed form to <u>probate.hearings@mywoodcounty.com</u>

Questions? Feel free to call (903) 763-2716, ext. 2.