



CITY OF BAYTOWN

Baytown Municipal Court of Record

3120 N. Main Street
Baytown, Texas 77521
(281) 427-9511 • (281) 425-1017 Fax

Defendant Information Sheet: please complete and bring to court

Name: _____ Date of Birth: _____

Address: _____

Phone Number: _____ Email: _____

DL / ID Number: _____ Social Security Number: _____

School: _____ Grade: _____ School ID: _____

Employer: _____ Work Phone Number: _____

Do you have any cases in another Court? Yes No **(circle one)**

If so, which Court? _____

Are you currently on probation? Yes No **(circle one)**

If so, what is your Probation Officer's name? _____

Location: _____

Parent / Legal Guardian:

Father's Name: _____ Date of Birth: ____/____/____

Phone Number: _____ Email: _____

DL Number: _____ Social Security Number: _____

Employer: _____ Work Phone Number: _____

Mother's Name: _____ Date of Birth: ____/____/____

Phone Number: _____ Email: _____

DL Number: _____ Social Security Number: _____

Employer: _____ Work Phone Number: _____

Other Guardian: _____ Relationship: _____

Date of Birth: ____/____/____ Phone Number: _____

Email: _____

DL Number: _____ Social Security Number: _____

Employer: _____ Work Phone Number: _____