

**2024 ATTORNEY VACATION SCHEDULE REQUEST**  
**For the Civil and Family Trial Division, Harris County District Courts**

**Non-summer designation: MUST BE FILED BY FEBRUARY 1, 2024**

**Summer designations: MUST BE FILED BY MAY 15, 2024, (For the months of June, July, and August)**

**The weeks for the summer months include only those, which have an Asterisk (\*).**

JANUARY		FEBRUARY		MARCH		APRIL	
1/02 – 01/05		2/05 - 2/09		3/04 - 3/08		4/01 - 4/05	
1/08 - 1/12		2/12 – 2/16		3/11 – 3/15		4/08 - 4/12	
1/16 - 1/19		2/19 - 2/23		3/18 – 3/22		4/15 – 4/19	
1/22 - 1/26		2/26 – 3/01		3/25 – 3/28		4/22 - 4/26	C/F
1/29 – 2/02						4/29 – 5/03	

MAY		JUNE		JULY		AUGUST	
5/06 - 5/10		* 6/03 - 6/07		* 7/01 – 7/05		* 8/05 - 8/09	F**
5/13 - 5/17		* 6/10 - 6/14		* 7/08 - 7/12		* 8/12 - 8/16	
5/20 - 5/24		* 6/17 - 6/21	C/F	* 7/15- 7/19		* 8/19 - 8/23	
5/28 – 5/31		* 6/24 – 6/28		* 7/22 – 7/26		* 8/26 – 8/30	
				* 7/29 – 8/02			

SEPTEMBER		OCTOBER		NOVEMBER		DECEMBER	
9/03 - 9/06	C/F	10/07 - 10/11		11/04 – 11/08		12/02 - 12/06	
9/09 – 9/13		10/14 - 10/18		11/11 - 11/15		12/09 - 12/13	
9/16 – 9/20		10/21 - 10/25		11/18 - 11/22		12/16 - 12/20	F**
9/23 – 9/27		10/28 – 11/01		11/25 –11/27		12/23 – 12/27	C/F
9/30 - 10/04						12/30 - 12/31	C**

“C” Indicates Dead Week in the Civil Trial Division

“F” Indicates Dead Week in the Family Trial Division

\*\*Dead Week in the Family Trial Division – recognized in the Civil Trial Division only for attorneys attending the Advanced Family Law Course.

**Mark the box to the right of the weeks you desire exemption from trial assignments in the Civil or Family District Courts of Harris County. Please read the local rules found on the reverse side of this form.**

**YOU MAY DESIGNATE UP TO FOUR WEEKS ANNUALLY**

I HEREBY DESIGNATE THE WEEKS MARKED ABOVE AS MY VACATION PERIOD FOR THE YEAR 2024.

\_\_\_\_\_  
 (Please type or print name)

\_\_\_\_\_  
 (Texas Bar Number)

( ) \_\_\_\_\_  
 (Phone Number)

\_\_\_\_\_  
 (Email Address)

( ) \_\_\_\_\_  
 (Fax Number)

\_\_\_\_\_  
 (Street Address or P.O. Box)

\_\_\_\_\_  
 (City, State, Zip Code)

SIGNATURE OF ATTORNEY: \_\_\_\_\_

RETURN TO: Marilyn Burgess, DISTRICT CLERK  
 P.O. BOX 4651, HOUSTON, TEXAS 77210