



State Office of Administrative Hearings

P.O. Box 13025, Austin, Texas 78711-3025
Phone 512.475.4993 | Fax 512.522.5263

Motion to Compel by Self-Represented Litigant

Case Name:

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§
§
§
§
§
§

SOAH Docket Number:

Printed Name

Email Address

Mailing Address

City

State

Zip Code

1. On _____ (Date), I served requests for _____ (Items) on _____ (Person). I received objections and/or received no responses to the interrogatories/requests for production, which are attached to this motion.

2. These objections should be denied. The information/documents that I requested are relevant to this case and should be produced because:

3. I contacted _____, who is the other party to the hearing or the other party's attorney, on _____ (Date). We were unable to reach an agreement on the information/documents that are the subject of this motion.

I certify that on this date I served a copy of the Motion to Set Aside Default to the DPS attorney by the following means:

First Class Mail

Fax

Email

Signature

Date