

CAUSE NO. **180764001010**

CHARGE POSS CS PG 1/1-B >=4G<200G

THE STATE OF TEXAS

§

263rd DISTRICT COURT

VS.

§

OF

LEHMAN, ANDREW
Defendant (SPN 01469689)

§

HARRIS COUNTY, TEXAS

CASE RESET FORM

The undersigned Counsel hereby agrees this case is reset for

DISP on **Wednesday, May 28, 2025** at **09:30 a.m.**, located at 1201 Franklin
Type of Setting

Attorney for the State

☐ The State has offered:

☐ The State and Defense agree as follows:

Defendant

MORGAN, PAUL MATTHEW

(Print) Attorney for Defendant

(Signature) Attorney for Defendant

1523 YALE ST.

Address

Comments:

HOUSTON

City

TX

State

77008

Zip

24077192

Attorney Bar #

02763442

Attorney SPN #

Interpreter Requested: **NO**

Language: _____

2813464351

Phone Number

Fax Number

For: ☐ Defendant ☐ Witness

Estimated Length of Assignment: _____

PAUL@THEMORGANLAWFIRM.COM

Email Address

FOR COURT STAFF USE ONLY

Reset by

☐ Court

☐ Defense

☐ Operation of Law

☐ Prosecution

<input type="checkbox"/> Attorney not present	<input type="checkbox"/> Defendant has new case	<input type="checkbox"/> No Tape/Lab _____
<input type="checkbox"/> D.A. to contact complainant/witness	<input type="checkbox"/> Defendant on call	<input type="checkbox"/> Not indicated
<input type="checkbox"/> D.A. to evaluate case	<input type="checkbox"/> Defendant to consider offer	<input type="checkbox"/> Other _____
<input type="checkbox"/> D.A. to Re-Indict	<input type="checkbox"/> Disposition of misd./OOC case	<input type="checkbox"/> Refer to _____
<input type="checkbox"/> D.A. to file MAJ/MRP	<input type="checkbox"/> File Unavailable	<input type="checkbox"/> Restitution Info
<input type="checkbox"/> Defense to contact witness	<input type="checkbox"/> Harris Center Evaluation <u>30 Day</u>	<input type="checkbox"/> To hire Attorney

APPROVED BY THE COURT:

Judge/Coordinator

May 22, 2025

Date Signed