

# CONTINUANCE REQUEST

**If you have a change of address and your address is not legible, the Court is NOT responsible for any undelivered mail. (Please PRINT)**

1. State of South Carolina vs. \_\_\_\_\_
2. Current Address: \_\_\_\_\_
3. Change of Address: \_\_\_\_\_
4. Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_
5. Telephone: Home (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_
6. Case Number                      Offense Description  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Reason for Continuance: \_\_\_\_\_

- \*Funeral on day of court or day after (please provide name of deceased and funeral home)
- \*Serious accident, illness, injury, etc. (please provide appropriate documentation and relationship)
- \*Vacation already planned and scheduled (please provide reservation, airline tickets, time off from work, etc.)

**I understand that if I change addresses, it is my responsibility to notify the Court IN WRITING and I will maintain an updated address with the Court until my case is finalized.**

Signature of defendant: \_\_\_\_\_ Date: \_\_\_\_\_

**Summerville Municipal  
200 S. Main St.  
Summerville, SC 29483  
Phone: (843) 875-2010  
Fax: (843) 851-4119**

## Filed in by Staff:

Scheduled Court Date: \_\_\_\_\_ at \_\_\_\_\_ at \_\_\_\_\_ AM/PM

Session Scheduled:     Jury Trial     Criminal/Traffic Court     Other \_\_\_\_\_

Accident:     Yes     No    Continued before?     Yes     No    If yes, reason: \_\_\_\_\_

\*\*\*\*\* IF THE REQUEST IS GRANTED, THE OFFICER MUST BE CONTACTED \*\*\*\*\*

Officer's Name / Agency: \_\_\_\_\_ / Summerville Police Department

Officer's Next Court Date: \_\_\_\_\_ and Time \_\_\_\_\_

## Filed in by Judge:

Request Granted:     Yes     No

Comments: \_\_\_\_\_

Signature of Judge: \_\_\_\_\_ Date: \_\_\_\_\_