



## City of Beaufort Municipal Court Continuance Request



Defendant name (Last, First MI): \_\_\_\_\_

Mailing address (Where you will receive your notice for trial):

\_\_\_\_\_

Email address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Warrant/Citation number(s) (Include all numbers and letters): \_\_\_\_\_

Charge(s):

\_\_\_\_\_

Court Date: \_\_\_\_\_

I hereby request a continuance for the following reason:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

All continuance requests must be filed in a timely manner prior to your court date. It is your responsibility to complete this form in its entirety. Submitting the request does not automatically mean a continuance is granted. You are responsible for ensuring the request is received and/or answered. Failure to do so may result in you being tried in your absence and a bench warrant issued for your arrest.