



MUNICIPAL COURT
 CITY OF BEAUFORT
 P.O. Box 1024
 2201 Boundary Street
 Carolina Cove, Suite 108
 Beaufort, SC 29902

JURY TRIAL REQUEST

I _____, HEREBY REQUEST A JURY TRIAL FOR
 THE FOLLOWING CHARGES:

Ticket:	#	_____	Officer:	_____
	#	_____	Officer:	_____
	#	_____	Officer:	_____

My current mailing address is:

Phone #: _____

My Attorney is: _____

Address: _____

Phone: _____

PLEASE INITIAL THE FOLLOWING:

- _____ 1) I understand that it is my responsibility to notify the Court of any change of address. This must be done in writing to the Court.
- _____ 2) I understand that the Court will send one certified notice by mail to the address that I have provided to the Court, and that it is my responsibility to accept such notice.
- _____ 3) I understand that the Court on said notice will provide me with a jury selection date and time. Should I fail to attend or contact the Court prior to the date and time provided by the Court, I will waive my right to a jury trial, and I consent to the Court conducting a Bench Trial in the absence.
- _____ 4) I understand that it is my responsibility to notify the Court whether or not I have obtained an attorney for my defense. I understand that I must inform the Court of my attorney's name and address.

 COURT OFFICIAL / DATE DEFENDANT / DATE

BY SIGNING THIS, I ACKNOWLEDGED THAT I HAVE RECEIVED A COPY OF THIS STATEMENT.

WHITE COPY - COURT'S COPY YELLOW COPY - DEFENDANT'S COPY