



## Port Royal Municipal Court Continuance Request

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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):

\_\_\_\_\_

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 and/or answered. Failure to do so may result in your being tried in your absence and a bench warrant issued for your arrest.**