



MUNICIPAL COURT FOR THE CITY OF Cleveland
COUNTY OF White, STATE OF GEORGIA
 85 South Main Street Cleveland, GA 30528
 PHONE: (706) 865-0058 ~ FAX: (706) 219-3220

Formal Request For Earlier Court Date

I (Full Legal Name) _____ request an earlier court date for the following reason(s):

- I will be out of town for my original court date.
- I have provided all requested documentation to the Court and would like to go ahead and close my case.
- I would like to go ahead plea and close my case.
- Other: _____

Mailing Address:

 St./ Rd./P.O. Box

 City State Zip Code

 Contact Phone Number

I affirm/swear that the information I have provided is true and correct. I understand that it is my responsibility to notify the Court of any change of address.

Defendant's Signature: _____

Date: _____

- If you request and earlier court date you may still be eligible to request a continuance in the future or return to your original court date.
- If request is hand delivered to the Municipal Court Office this form must be returned no later than one week before the earlier court date.
- If request is mailed to the Municipal Court Office this form must be returned no later than two weeks before the earlier court date.

Court Use Only:		
Court Case#('s):	_____	
<input type="checkbox"/> In Office Request	<input type="checkbox"/> Mailed In	<input type="checkbox"/> Faxed/Emailed
Date Received by Clerk:	_____	