



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 Continuance

I (Full Legal Name) _____ request a formal continuance of my court case for the following reason(s):

One Time Continuance:

Time to pay.

I understand I must have my full fine paid by _____.

Time to have insurance information sent to the Court.

Time to gather paperwork for Court.

Time to hire an Attorney one time continuance.

Attorney must enter an Entry of Appearance.

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: _____

- This form is only for first time court appearances and may not be used if a continuance has been granted previously or if the case has been scheduled for a trial.
- If request is hand delivered to the Municipal Court Office this form must be returned no later than one business day before your court date.
- If request is mailed to the Municipal Court Office this form must be returned no later than one week before your court date.

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