

**PICKERINGTON MAYOR'S COURT  
100 LOCKVILLE RD  
PICKERINGTON, OH 43147  
PHONE (614)837-3974 FAX (614)833-2201**

**REQUEST FOR CONTINUANCE**

I, \_\_\_\_\_, SS# \_\_\_\_\_, DO HEREBY REQUEST MY

CASE # \_\_\_\_\_, to be continued until \_\_\_\_\_ day of \_\_\_\_\_ at 3:30 pm.

\_\_\_\_\_ I also knowingly and voluntarily waive my right to trial within the time  
INITIAL provided by law.

\_\_\_\_\_ I DO NOT knowingly and voluntarily waive my right to a trial within the time  
INITIAL provided by law.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature/Defendant

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State and Zip

Granted by:

\_\_\_\_\_  
Phone#

\_\_\_\_\_  
Molly Schwartz, Clerk of Court