

**PICKERINGTON MAYOR'S COURT
100 LOCKVILLE RD
PICKERINGTON, OH 43147
PHONE (614)837-3974 FAX (614)833-2219**

REQUEST FOR CONTINUANCE

I, _____, 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:

Molly Schwartz, Clerk of Court

Phone#