

STATE OF SOUTH CAROLINA)
)
COUNTY OF _____)
)

STATE OF SOUTH CAROLINA)
)
Vs.)
)

)

IN THE MUNICIPAL COURT

CITY OF COLUMBIA

JURY TRIAL REQUEST FORM

Defendant

The undersigned requests a jury trial for the following case(s):

Case Number(s)/Charge(s): _____

Mailing Address: _____

Phone Number: _____

Attorney of Record: _____

DL#: _____ **Initial Trial:**
DL State: _____ **Time:**

Officer Name/Agency: _____

BY SIGNING BELOW, I ACKNOWLEDGE THAT IF I FAIL TO APPEAR FOR MY JURY TRIAL AFTER NOTICE, I WILL BE TRIED IN MY ABSENCE WITHOUT A JURY.

I understand that if I change addresses, it is MY responsibility to notify the Court in WRITING at:

City Of Columbia Municipal Court
811 Washington Street
Columbia, SC 29201

Signature of Defendant/Requesting Party

Date

CHANGE OF ADDRESS: NOTIFY THE CITY OF COLUMBIA MUNICIPAL COURT AT 811 WASHINGTON STREET, COLUMBIA, SC IN WRITING. DO NOT DEPEND ON THE U. S. POSTAL SERVICE TO FORWARD THE COURT'S NOTICE TO YOU.