

STATE OF SOUTH CAROLINA)
)
CITY OF CENTRAL)
)
Vs.)
)
)
)
)
)

TICKET/WARRANT#

IN THE SUMMARY COURT

JURY TRIAL REQUEST

Defendant

MUST BE RECEIVED PRIOR TO YOUR SCHEDULED COURT DATE AND TIME

Offense: _____

Mailing Address: _____

Phone Number: _____

E-mail address: _____ @ _____

Please initial the following:

_____ I understand that if my address changes, it is **MY** responsibility to notify the Court **IN WRITING** immediately.

_____ I understand the Court will send one certified notice by mail to the address that I have provided and it is my responsibility to accept such notice.

_____ I understand should I fail to attend the Jury Selection on the date and time indicated on the certified notice, the Court will deem that I proactively ***WAIVED*** my right to a Jury Trial and a Bench Trial will be conducted in my absence at a date and time to be set at the Jury Selection.

Defendant

Date

Central Municipal Court
1067 West Main Street
PO Box 549
Central, SC 29630
864-639-6381 ext. 121
864-639-3957 FAX