

THE BLUFFTON MAGISTRATE

4819 Bluffton Parkway
P.O. Box 840
Bluffton, SC 29910
Phone (843) 255-5610
Fax (843) 255-9517



REQUEST FOR CONTINUANCE

NOTE: All requests for continuance must be submitted in writing and received by this court by 4:00 PM the day before the scheduled court date.

PLEASE PRINT CLEARLY:

Date of Request: _____

Requester's Name: _____

Civil Case Number: _____

Court Date: _____ **Time:** _____

Reason for Continuance:

Requester's Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Daytime Contact Number: _____

Requester's Signature

Staff Approval Signature

Judge Approval Signature