

THE BLUFFTON MAGISTRATE

4819 Bluffton Parkway

P.O. Box 840

Bluffton, SC 29910

Phone (843) 255-5610

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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: _____

Defendant's Name: _____

Ticket Number(s): _____

Officer's Name: _____

Court Date: _____ **Time:** _____

Reason for Continuance:

Defendant's Mailing Address: _____

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

Daytime Contact Number: _____

Defendant Signature

Staff Approval Signature

Judge Approval Signature