



MUNICIPAL COURT FOR THE CITY OF Cleveland
COUNTY OF White, STATE OF GEORGIA

85 South Main Street Cleveland, GA 30528
PHONE: (706) 865-0058 ~ FAX: (706) 219-3220

Formal Request For Continuance

- This form is only for first time court appearances and may not be used if a continuance has been granted previously or if the case has been scheduled for a trial.
- If the request is delivered in person to the Municipal Court Office, this form must be returned no later than 12pm the business day before your court date.
- If the request is mailed to the Municipal Court Office, this form must be postmarked no later than two weeks before your court date.

I (Full Legal Name) _____ request a formal continuance of my court case for the following reason(s):

One Time Continuance:

- Time to pay.
- Time to have insurance information sent to the Court.
- Time to gather paperwork for Court.
- Time to hire an Attorney one time continuance.

Attorney must enter an Entry of Appearance.

Other: _____

All fines must be paid in full no later than the Wednesday before the new court date.

All paperwork to be considered must be given to the Court no later than the Wednesday before the new court date.

Mailing Address:

St./ Rd./P.O. Box

City State Zip Code

Contact Phone Number

Email Address

I affirm/swear that the information I have provided is true and correct. I understand that it is my responsibility to notify the Court of any change of address.

Defendant's Signature: _____

Date: _____

Court Use Only:

Court Case#('s): _____

- In Office Request Mailed In

Date Received by Clerk: _____