

THE BEAUFORT MAGISTRATE

104 Ribaut Road
P.O. Box 2207
Beaufort, SC 29901
Phone (843) 255-5700
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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