

STATE OF SOUTH CAROLINA)

COUNTY/CITY OF BEAUFORT)

STATE OF SOUTH CAROLINA)

vs)

Defendant

CRIMINAL CASE NUMBER

IN THE SUMMARY COURT

Post-Trial/Sentencing Hearing Request

Case Number(s)/Charge(s):

Permanent Address:

Mailing Address: _____

Phone Number: _____

Attorney of Record: _____

Disposition Date: _____

Presiding Judge:

Officer Name/Agency:

Type of Hearing Requested _____ Post-Trial _____ Sentencing

Method of Request _____ Verbal _____ Written

Name of Clerk Taking Request _____

I understand that if I change addresses, it is MY responsibility to notify the Court in WRITING at:

**Bluffton Magistrate
4819 Bluffton Parkway
Post Office Box 840
Bluffton, SC 29910**

Signature of Defendant

Date

Date of Hearing: _____ Time: _____

Officer Present: Yes / No Defendant Present: Yes / No Judge's Ruling: _____

Comments: _____