

IN THE MUNICIPAL COURT OF DELAWARE COUNTY, OHIO

Justice Center • 70 North Union Street • Delaware, Ohio 43015 • Voice (740) 203-1550 • Fax (740) 203-1599 • www.municipalcourt.org

State of Ohio

Plaintiff,

vs.

Case No. _____

Defendant,

REQUEST FOR CONTINUANCE

The undersigned hereby requests a two week continuance to the _____ day of _____ 20 ____ at **8:00 A.M.** to enter a plea in court, or to enter a written plea in court, or to waive my right to a trial and pay the predetermined fine plus court costs (“pay waiver”). I waive further notice of said re-scheduled appearance/waiver date.

Defendant’s Signature

Defendant’s Printed Name

Street Address/PO Box Number

City, State and Zip Code

Area Code and Phone Number

Date