

**THE CITY OF WINDER MUNICIPAL COURT
CONTINUANCE REQUEST APPLICATION**

Your request for continuance must be filed no later than 6 business days before your scheduled court date. Please write clearly.

Today's Date: _____ Scheduled Court Date: _____

Name: _____

Mailing Address: _____

City/State/Zip: _____

Contact #: _____ E-Mail: _____

**YOU WILL BY NOTIFIED ON ONE OCCASION BY E-MAIL AND/OR PHONE.
YOU ARE RESPONSIBLE FOR CHECKING MESSAGES**

<u>Citation #(s)</u>	<u>Charge(s)</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

CONTINUANCES WILL NOT BE GRANTED SOLELY FOR PAYMENT OF FINES.

Reason for Continuance:

Signature

Request for Continuance has been: [] **Granted** [] **Denied**

By: _____
Judge, Winder Municipal Court

Date: _____

