

In the Municipal Court of Charleston, West Virginia

City of Charleston

Docket No: _____

Or

Vs.

Citation No: _____

Defendant (print full name)

Defendant Address: _____

Defendant Contact Number: (_____) _____ Social Security No. _____

DEFENDANT'S MOTION TO CONTINUE

I hereby request a continuance for the court date of ____/____/20____ at 3:30 p.m.

Based on the following grounds : (check one)

Sick emergency (doctor's excuse required) Funeral (Death Certificate/Obituary/or Excuse required) Other (explain)

I understand that I have the responsibility to ensure this document is received by the court.

Signed- by Defendant: _____

CERTIFICATE OF SERVICE: I, _____, certify that I have served a copy of the above motion upon the CITY OF CHARLESTON, on the ____ day of _____, 20____, by ____ first class mail or, ____ hand delivered to the City of Charleston, City Attorney's Office, 501 Virginia Street, PO BOX 2749, Charleston, WV 25330.

_____ date _____ signature

NOTICE TO DEFENDANT: Contact the Municipal Court Clerk's Office to determine if the requested action has been denied, granted or set for hearing.

IMPORTANT: All requests submitted less than 10 days prior to the court date will be reviewed by the Municipal Judge for a decision. The completion of this document does not guarantee a continuance. If a continuance is granted by the judge, a summons with a new court date will be issued.

Failure to appear may result in a *capias*.

RULING

The motion is _____ Denied _____ Granted _____ Granted in the following manner:

_____ Set for hearing _____ at 3:30 p.m.

Date _____ By Judge _____