

# City of Folly Beach Municipal Court

21 Center Street · PO Box 48  
Folly Beach, SC 29439  
(843) 513-1842 · Fax (864) 640-8785

clerkofcourt@follybeach.gov

## Request for Continuance Form

All requests for continuances must be submitted in writing and received by the City of Folly Beach Municipal Court prior to the commencement of the court session scheduled time on the scheduled court date.

Date of Request: \_\_\_\_\_

Defendant's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Email Address \_\_\_\_\_

Ticket Number(s): \_\_\_\_\_

Officer Name \_\_\_\_\_

Scheduled Court Date: \_\_\_\_\_

Briefly state the reason for your request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please Note: A request for continuance will be granted one time only per defendant unless approved by the Judge.