

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

JURY TRIAL REQUEST FORM

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: _____

