

**SUMMERTON MUNICIPAL COURT  
JURY TRIAL REQUEST FORM**

**IF YOU ARE NOT REPRESENTED BY AN ATTORNEY,  
PLEASE COMPLETE THE FOLLOWING INFORMATION:**

Defendant Name: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

Telephone Number: Home# \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_  
(Include Area Code and Numbers)

Ticket/Warrant Number (s): \_\_\_\_\_ Court Date: \_\_\_\_\_

I understand I must notify the Summerton Municipal Court of any changes, for any information stated above, **prior** to final disposition of my charge(s).

I hereby request a jury trial on the above charges. I understand if I fail to appear on my trial date, I will be considered to have waived my right to a jury trial and will be tried in my absence before a judge sitting without a jury.

I understand if I am found guilty in my absence, a sentence will be imposed, and a Bench Warrant may be issued for my arrest, or any cash bond I have posted will be forfeited for my fine.

I understand all conditions of my bond shall remain in effect until the jury trial is completed or the charges against me are disposed of.

This form must be received 24 hours before the scheduled court date, **ANYTHING RECEIVED AFTER THAT TIME WILL BE TRIED IN ABSCENSE.**

\_\_\_\_\_  
Defendant's Signature

\_\_\_\_\_  
Date

**Mail to:  
Summerton Municipal Court  
Attn: Frances M. Feagin, Court Clerk  
PO Box 279  
Summerton, SC 29148**

**OR FAX: (803) 485-8173**