

Sumter County Courthouse Room Reservation
PLEASE PRINT OR TYPE - COMPLETE ENTIRE FORM

DATE (Making Request): _____ DATE of Event: _____

Contact NAME: _____ EMAIL Address: _____

PHONE #: _____ FAX #: _____

If Applicable, Contact Information For Attorney: _____

STYLE of Case: _____

COUNTY Case is Filed: _____ County Case NUMBER: _____

START Time of Event: _____ END Time of Event: _____

JUDGE ASSIGNED TO CASE: _____ Total # Attending Event: _____

TYPE OF EVENT: _____

LEVEL OF COURT (Superior, State, Probate, Magistrate, Municipal or _____)

ANY OTHER INFORMATION NEEDED: _____

Names of Individuals Attending Event (if 10 or less) and indicate which are attorneys, court reporter, and individuals being deposed. If more than 10, please list attorneys, court reporters, and individual being deposed.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

You will be contacted with the room reservation information.
Please Forward The Above Information Via Email (dgibsonswjc@gmail.com) or Fax (229.928.4552) To:
Debra Gibson, Circuit Court Administrator, Superior Court of the Southwestern Judicial Circuit,
P.O. Box 784, Americus, GA 31709, 229.928.4553

FOR CIRCUIT OFFICE USE ONLY::	
Date Received: _____ / _____ / _____	Room Assigned: _____
Room Assignment to Requesting Party: _____ / _____ / _____	24 Hr. Confirm. By Requesting Party: YES / NO