

Southwestern Circuit Superior Court Hearing Request Form

PLEASE PRINT OR TYPE - COMPLETE ENTIRE FORM

Hearing Date Requested _____ Judge _____

Type of hearing: _____

County for Hearing _____ Current Bond Amount (If bond hearing): _____

Is Defendant Incarcerated: _____ If yes, current location: _____

Defendant Name: _____ Case / Warrant # _____

Co-Defendant Name: _____ (fill in only if applicable)

Charges: _____

Attorney for Defendant: _____ District Attorney: _____

I certify that I have consulted with opposing counsel in good faith in an attempt to resolve this issue and that judicial intervention is necessary.

Signature of request for hearing:

Sign: _____

Print: _____

Date: _____

****Please note that as the attorney, if your client is incarcerated you are responsible for having them transported. Please remember to contact the necessary facility to facilitate the transfer if not local. If a Transport Order is needed, please make sure one is done timely before the hearing date. ****

You will be contacted with a court date.

Please forward the above Information via Email (cccswjtc@gmail.com) or Fax (229.928.4544) To:

Crystal Carter, Criminal Calendar Clerk, Superior Court of the Southwestern Judicial Circuit,
P.O. Box 784, Americus, GA 31709, 229.928.4543

FOR OFFICE USE ONLY:

Date Received _____

Court Date and Time: _____ Judge: _____