

**IN THE SHAKER HEIGHTS MUNICIPAL COURT
CUYAHOGA COUNTY, OHIO**

REQUEST FOR CONTINUANCE OF ARRAIGNMENT

I understand I have a right to a speedy trial, to be held within (90) days from the date of my initial appearance for a misdemeanor charge, and I hereby waive the right and request a continuance until a date to be set by the Shaker Heights Municipal Court. I herein knowingly and voluntarily waive any and all rights to trial being had within the time limitation under the Constitution of the United States, the Ohio Revised Code and the Ohio Rules of Criminal Procedures.

Yes (____) No (____)

REQUEST CONTINUANCE OF APPEARANCE OTHER THAN ARRAIGNMENT

**FAILURE TO COMPLETE SECTION BELOW IN FULL WILL RESULT IN YOUR
APPLICATION BEING DENIED**

TICKET OR CASE NUMBER: _____

DEFENDANT INFORMATION: (Print Only)

Name: _____

Address: _____

Cell Phone (____) _____

Home Phone (____) _____

Email:

IMPORTANT All future correspondence from this Court will be sent to this email

REASON FOR CONTINUANCE _____

I will immediately serve a copy of this request to the prosecutor for the City/Village of:

- | | |
|---|---|
| <input type="checkbox"/> Shaker Heights | <input type="checkbox"/> Pepper Pike |
| <input type="checkbox"/> University Heights | <input type="checkbox"/> Hunting Valley |
| <input type="checkbox"/> Beachwood | |

SIGNATURE: _____

DATE: _____