



Town of Springdale

2915 Platt Springs Road
Springdale, SC 29170
www.SpringdaleSC.com

Municipal Court – Jury Trial Request

I, _____, REQUEST A JURY TRIAL FOR

CITATION/WARRANT NUMBER(S) _____

I understand that I will be notified by mail, at the address listed below, of the date and time of my Roster Meeting, Jury Strike, and Jury Trial. I understand that if I, or my attorney, is not present for any of these meetings, I will be deemed to have waived my request for a Jury Trial and that my case will be tried at the next regularly scheduled Bench Trial. I understand that if my address changes, it is my responsibility to notify the Town of Springdale of my new address.

ADDRESS: _____

TELEPHONE: _____

EMAIL: _____

SIGNATURE:

DATE:

(If Applicable)

ATTORNEY'S NAME, ADDRESS, AND TELEPHONE NUMBER:

A letter of representation must be filed by your attorney with the Clerk of Court. Letters will only be sent to the attorney once the letter of representation has been received.