Misdemeanor Court Date Continuance/Reset Request

(THIS FORM IS ONLY FOR MISDEMEANOR CASES ONLY THAT DO NOT HAVE AN ATTORNEY)

PLEASE PRINT

Defendant's Name:		
Case Number(s):		
Current Mailing Address:		
City:	_ State	Zip Cod e:
(If this address is not what the Clerk of Cour	has on file, you wil	I need to fill out a Change of
Address Form found on Clerk's Office Websi	te: <u>www.stjohnscler</u>	<u>k.com</u>)
Email Address:		
Phone Number:		
Downst for Continuous Dosson (sel	t	
Request for Continuance Reason: (sele	ect below)	
Failed to Appear for Court Date		
Reason for failing to appear:		
Need to request a continuance because (explain)		

Defendant's Signature

Complete this form and email to felony@stjohnsclerk.com and put in the subject line area "Reset/Continuance" or mail to 4010 Lewis Speedway St. Augustine, FL 32084. If you email your Request, you will receive a one-time response from a clerk acknowledging receipt. No further response will be sent. Your request will be forwarded to the Judge's office. You may verify receipt of your request by calling 904-819-3619.