

STATE OF SOUTH CAROLINA

CITY OF JASPER

STATE OF SOUTH CAROLINA

Vs

Defendant

CASE NUMBER

IN THE SUMMARY COURT

JURY TRIAL REQUEST

Case Number(s):

Original Court Date:

Officer Name:

Permanent Address:

Mailing Address:

Phone Number:

Attorney of Record:

Address:

Phone Number:

Bonding Company:

I understand that if my address changes, it is MY responsibility to notify the COURT in writing immediately. The Court address is:

Hardeeville Municipal
26 Martin Street
P.O. Box 582
Hardeeville, SC 29927
Phone: (843) 784-3366
Fax: (843) 784-3422

Subpoena Information

Name:
Address:

Name:
Address:

Signature of Defendant Name:
Address: