**Liberty Municipal Court** 

## <u>Jury Trial Request</u>

T	hereby request a jury trial for the following charge(s):	
1,	nereby request a jury triarior the following charge(s).	

Ticket/Warrant #	Offense

Mailing Address		
City	State	Zip
I.		

Please initial the following:

\_\_\_\_\_I unders<mark>tand that it is my responsibility</mark> to notify the Court, in writing, of any change of address.

\_\_\_\_\_I understand that the Court will send one certified notice by mail to the address that I have provided to the Court and that it is my responsibility to accept such notice.

I understand that the Court on said notice will provide me with the jury selection date and time. Should I fail to attend or contact the Court prior to the date and time provided by the Court, I will waive my right to a jury trial, and I consent to the Court conducting a Bench Trial in my absence.

Court Official

Date

Defendant

Date

P.O. Box 716 206 West Front Street Liberty, SC 29657 Phone (864) 843-3956 Fax (864) 843-2612