

# Request for Continuance

To: Judge Stovall

Defendant:

Case Number:

Case Number:

Case Number:

I request to have my arraignment date rescheduled for

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to appear before the judge of Lake Jackson Municipal Court. I understand that court starts at 5:00 p.m. and that I may appear between 5:00 p.m. and 6:30 p.m.

Check-in begins at 4:30.

I promise to appear at Lake Jackson Municipal Court at the time and on the date stated herein.

I understand that failure to appear may result in a warrant being issued for my arrest and / or the inability to renew my driver's license and vehicle registration.

Today's Date Defendant's Signature

Today's Date Parent's Signature

Address:

Day Phone:

Evening Phone:

## Lake Jackson Municipal Court

5 Oak Drive - Suite B- Lake Jackson - Texas - 77566

979-297-1031 - FAX 979-292-0130

Court Clerk - Dorothy Zavala

Email - courtclerk@ci.lake-jackson.tx.us