

BROADVIEW HEIGHTS MAYOR'S COURT/REQUEST FOR CONTINUANCE

EMAIL : court@broadview-heights.org

FAX: 440-717-4002

NAME _____ TICKET NUMBER _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ PHONE NUMBER _____

COURT DATE/TIME (see ticket) _____

NEXT COURT DATE/TIME (see court calendar) _____

I WAIVE MY RIGHT TO A SPEEDY TRIAL _____ (INITIAL)

I ACCEPT THE \$5.00 CONTINUANCE FEE FOR THIS REQUEST _____ (INITIAL)

REASON FOR CONTINUANCE _____

SIGNATURE _____ DATE _____

THIS REQUEST MUST BE RECEIVED BY 4:00PM THE DAY PRIOR TO ORIGINAL COURT DATE.
PLEASE CALL THE COURT AFTER YOU EMAIL/FAX TO CONFIRM YOUR CONTINUANCE HAS
BEEN GRANTED.

IF YOU CHOOSE TO COME IN PERSON TO FILE, THIS CAN BE DONE MONDAY THROUGH
FRIDAY FROM 8:30AM-4:30PM, BUT ONLY UP TO 11:00AM ON THE COURT DAY LISTED ON
YOUR TICKET. AFTER THAT TIME YOU MUST APPEAR IN PERSON AFTER 1:00PM TO REQUEST
A CONTINUANCE FROM A PROSECUTOR.