

**REQUEST FOR A CONTINUANCE
IN THE MUNICIPAL COURT OF THE CITY OF EDMOND**

Completing this request does NOT mean the case is continued. The form provides information for the Court and court staff, to locate the case and make a determination about the request.

You must appear unless you have been informed the continuance has been granted.

Email this form to court@edmondok.com or Fax to (405) 359-4726

Name of Person Required to Appear in Court: _____

Date of Birth _____ Date of the Offense(s) _____

Today's Date: _____ Scheduled Court Date: _____

Ticket Number(s) and Offense(s):

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |

Reason Continuance is needed **(required and must be specific/attach letter if more space required)**:

Signature: _____ Relationship: _____

Printed Name _____ Contact Number: _____

Judge Approval: _____

The new Court date/time is: _____