

# JURY TRIAL REQUEST FORM

IRMO MUNICIPAL COURT

7300 Woodrow Street Irmo,  
South Carolina 29063  
Telephone: (803) 781-7050  
Facsimile: (803) 749-2743



I, \_\_\_\_\_, HEREBY REQUEST A JURY TRIAL FOR THE FOLLOWING CHARGES:

Ticket: \_\_\_\_\_

Officer: \_\_\_\_\_

## PLEASE VERIFY THE INFORMATION BELOW

Your Name: \_\_\_\_\_

Your Address: \_\_\_\_\_

Contact Numbers: Home: \_\_\_\_\_

Cell: \_\_\_\_\_

My Attorney is: \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street/PO Box)

\_\_\_\_\_  
(City/State/Zip)

Telephone: \_\_\_\_\_

**A letter of representation must be filed by your attorney with the clerks' office. Letters will be sent only to the attorney once the letter of representation has been received.**

## PLEASE INITIAL THE FOLLOWING:

\_\_\_\_\_ I understand that it is my responsibility to notify the Court of any change of address. This must be done in writing to the Court.

\_\_\_\_\_ I understand that the Court will send one 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 a 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 understand that the Court will choose my jury trial date and jurors.

\_\_\_\_\_ I understand that I have the right to an attorney and if I cannot afford an attorney, the state may appoint an attorney for me. It is my responsibility to have my attorney notify the court.

\_\_\_\_\_ I understand that if I or my attorney enters into a negotiated plea with the Irmo Police Department, I waive my right to a jury trial, and it is my responsibility to appear before the Court on the date and time given to enter a negotiated plea and to pay the full amount of any fines due in cash, cashier's check or money order made payable to the TOWN OF IRMO. **NO PLEAS WILL BE TAKEN IF THE ENTIRE FINE CANNOT BE PAID.** I further understand that if miss my court date to enter a negotiated plea, I will be tried in my absence on the original charges and all plea arrangements are null and void.

\_\_\_\_\_ Date

\_\_\_\_\_ Your Signature

**BY SIGNING THIS, I ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF THIS STATEMENT.**