

**ROCK HILL MUNICIPAL COURT  
JURY TRIAL REQUEST FORM**

**IF YOU ARE NOT REPRESENTED BY AN ATTORNEY,  
PLEASE COMPLETE THE FOLLOWING INFORMATION:**

Defendant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Telephone Number: Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Include Area Code and Numbers

Ticket/Warrant Number(s): \_\_\_\_\_ Court Date: \_\_\_\_\_

I understand I must notify the Rock Hill Municipal Court of any changes, for any information stated above, prior to final disposition of my charge(s). I hereby request a jury trial on the above charges.

I understand if I fail to appear on my trial date, I will be considered to have waived my right to a jury trial and will be tried in my absence before a judge sitting without a jury.

I understand if I am found guilty in my absence, a sentence will be imposed, and a Bench Warrant may be issued for my arrest, or any cash bond I have posted will be forfeited for my fine.

I understand all conditions of my bond shall remain in effect until the jury trial is completed or the charges against me are disposed of.

\_\_\_\_\_  
Defendant's Signature

\_\_\_\_\_  
Date

Mail to:  
Rock Hill Municipal Court  
Attention: Shantay Greer, Scheduling Clerk  
120 East Black Street  
Rock Hill, SC 29730  
Or email to: [shantay.greer@cityofrockhill.com](mailto:shantay.greer@cityofrockhill.com)

If you have any questions, please call: 803-329-8796