



**CITY OF PLANO MUNICIPAL COURT
900 EAST 15TH STREET
P. O. BOX 860828
PLANO, TEXAS 75086-0828**

**DEFENDANT'S
REQUEST FOR CONTINUANCE**

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home/Cell: _____ Work #: _____ Employer: _____

CAUSE NUMBER(S): _____

I, _____, request a continuance on my case for the following reason (Be specific; if you will be out of town, give the departure and return dates and the address where you will be staying; if you have a medical reason, give the name and telephone number of the doctor or medical facility where you are being or will be treated):

Defendant's Signature: _____ Date: _____

"Sworn to and subscribed before me this _____ day of _____, 20____, by

_____."
(name of signer)

Clerk of the Municipal Court
City of Plano, Collin County, Texas

