

IN THE FRANKLIN MUNICIPAL COURT
Franklin, Ohio
P.O. Box 292, Franklin, OH 45005
Fax: (937)743-7751

FILE STAMP

STATE OF OHIO/CITY OF FRANKLIN

CASE NO(S)

Vs.

DEFENDANT'S NAME

**REQUEST FOR
WAIVER OF TIME**

Defendant

_____ /

The undersigned Defendant, or Designated Attorney for Defendant, in the above captioned case(s), **WAIVES** the Defendant's right to be brought to trial as prescribed in Section 2945.71, Ohio Revised Code, for the following reason(s):

Please check all that apply:

- Unavailability of any defense witness
- Defense needs time for further case preparation
- Unavailability of Defense Counsel
- Unavailability of Defendant
- Other (specify): _____

I ACKNOWLEDGE THAT THIS IS A REQUEST MAY OR MAY NOT BE GRANTED BY THE COURT. IF YOUR REQUEST IS NOT GRANTED YOU MUST APPEAR IN COURT ON YOUR ORIGINAL DATE AND TIME.

X _____
Defendant

Defense Counsel

Address

AT P.M.
New Court Date

City, State Zip Code

Time

Phone Number

Clerk