



Town of Warren Warren Municipal Court Request to Change Court Date

Motorist Name:

(last)

(first)

(middle)

Address:

(street)

(city/town)

(state)

(zip)

Telephone: ()

License #

State Issued:

Summons # (s):

Arraignment date: Wednesday _____ at 6:00pm Warren Municipal Court

I. Reason for Request:

II. I would like to change my court date to Wednesday _____ at 6:00pm.

III.

I understand that if I fail to appeal for this court date, I am responsible for all citation fees, a \$35.00 court cost and the possible suspension of my license.

By submitting this request, I am giving the Court Clerk permission to change my court date and cancel my previous court date.

Signature of Motorist

Date