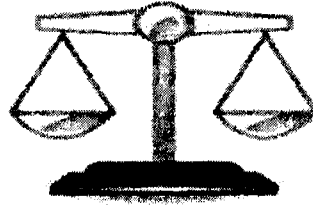


McCormick County, South Carolina

Magistrate

Telephone # 864-852-2316



JURY TRIAL REQUEST

NAME: _____

ADDRESS: _____

TELEPHONE: _____

CHARGE(S): _____

ATTORNEY: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

I hereby request a jury trial on the charge(s) made against me. I understand that my legal representative or I am required to be present at the time of any hearing or trial. I also understand that if I am not present at the hearing or trial, I am waiving my right to have a jury trial.

I also understand that if my legal representative or I am not present at the time scheduled for a jury trial, that my right to a trial by jury will be waived and that a bench trial may be held in my absence.

By my signature below I certify that I have read this statement, have been given a copy thereof, and fully understand its contents.

Dated _____

Signature