

REQUEST FOR CONTINUANCE FOR ARRAIGNMENT ONLY:

(Excludes any OVI , Tax or Victim related cases)

May be faxed to (937) 376-7288 or emailed to xmcuser@ci.xenia.oh.us

**Open arraignments every Monday & Wednesday
(excluding holidays/court closures) @ 9:00am**

Ticket or Case Number: _____

Defendant's Full Name: _____

Date of Birth: _____

Original Court Date on Citation: _____

The Judge of this court has advised all clerks that he will grant no continuances unless a time waiver is filed. I understand that if I have any questions regarding the legal effects of a time waiver I should consult an attorney. With this understanding, I waive my right to a speedy trial.

Defendant's Signature

Today's date

**IT IS YOUR RESPONSIBILITY TO CALL THE COURT AT (937)376-7294 TO
CONFIRM REQUEST HAS BEEN RECEIVED, CONTINUANCE GRANTED,
AND A NEW COURT DATE HAS BEEN SCHEDULED IF APPROVED.**