Van Wert Municipal Court
102 E. Main St.
Van Wert, OH 45891
Phone 419-238-5767
Fax 419-238-0301

I, _____, hereby request a continuance of my arraignment for 1 week.

Reason: _____

_____

X_____
Defendant

Date: _____

Address: _____ Phone: _____

_____

_____

Ticket Number: _____