



REQUEST FOR RECONSIDERATION

Greenville Municipal Court

426 North Main St., Greenville, SC 29601

To request reconsideration of a disposition imposed by Greenville Municipal Court, you must file a written *Request for Reconsideration* within five (5) calendar days of the date you were found guilty. Calendar days include Saturdays, Sundays and holidays; if the fifth day falls on a Saturday, Sunday or holiday, you may file the request the next regular business day.

Information Included in Request for Reconsideration

On the form, please be sure to provide the following required information:

1. Your name (*Defendant*)
2. Ticket/Warrant Number(s)
3. Name of the judge who found you guilty (in the blank after *Honorable*)
4. Date you were found guilty (i.e. 4th day of March, 2009)
5. Ordinance/Statute Number (in the blank after §)
6. Charge description (in the blank after *Ordinance/Statute Number*)
7. Amount you paid (in the blank after \$)
8. Reason(s) you are requesting reconsideration

How to File the Form

You can submit the form in person at Greenville Municipal Court, within five calendar days of your trial date, between 8:00 a.m. and 5:00 p.m. Monday through Friday. You can also mail the original copy of the form to:

Greenville Municipal Court
426 North Main Street
Greenville, SC 29601

NOTE: If your *Request for Reconsideration* is not received within five calendar days of your trial date, you will forfeit your right for reconsideration.

You will be contacted regarding your *Request for Reconsideration* once the form has been received and reviewed by Greenville Municipal Court staff.

STATE OF SOUTH CAROLINA)	
)	IN THE MUNICIPAL COURT
CITY OF GREENVILLE)	
)	
VS.)	
)	Request for Reconsideration
_____)	
Defendant)	_____
)	Ticket/Warrant Number(s)
.....)	

PLEASE TAKE NOTICE that the above-named defendant appeals the disposition imposed by the Honorable _____, Municipal Court Judge, on the _____ day of _____, 20 _____, wherein the defendant was found guilty of violating § _____ and assessed a forfeiture in the amount of \$ _____ including costs/assessments.

The defendant at this time requests reconsideration on the grounds of:

Signed this _____ of _____, 20 _____.

By Defendant: _____

Address: _____

City: _____ State _____ Zip Code _____