

City of Lancaster MUNICIPAL COURT



MISSED COURT DATE REQUEST FOR NEW COURT DATE

CAUSE NO:	ORIGINAL COURT DATE:
Court of the proced schedule court date, i	SE NO: ORIGINAL COURT DATE:
Name:	Email
Address:	Apt #City, State & Zip:
Cell Phone:	Date of Birth: DL#
	Acknowledgement – Please Read
additional charges of F	ailure to Appear will be added to my cases. I also understand that I will be subject
	· ·
Defendant Signature	Date

This form may be emailed, faxed (972)218-8554 or mailed to the court.