

STATE OF SOUTH CAROLINA)
)
COUNTY OF RICHLAND)
)
STATE OF SOUTH CAROLINA)
)
Vs)
)
_____)

**IN THE CENTRAL COURT
JURY TRIAL WAIVER**

Defendant

Name: _____

Address: _____

Telephone Number: _____

Case Number(s): _____

Charge(s): _____

Officer Name: _____

Agency: _____

Attorney of Record: _____

I do hereby waive my right/client's right to a Jury Trial and forfeit the bond posted in the amount of _____.

Signature of Defendant/Attorney of Record

Date: _____

******Fill out this form and mail with money order or cashier's check or pay in person at 1400 Huger Street, Columbia, SC 29201 Master Card/VISA/Discover Card accepted.**