IN THE STATE COURT OF BRYAN COUNTY STATE OF GEORGIA

STATE OF GEORGIA,]] CASE NO:
VS.] ORIGINAL HEARING TYPE:
(Defendant's Full Name) DEFENDANT.] ORIGINAL HEARING DATE:
	REQUEST TO RE-DOCKET
<u>PART 1:</u>	
Ι,	(Defendant's Full Name), Defendant in the above case, state that I was not
present nor was I excused from bein	g present in the State Court of Bryan County on the date and time required to address
certain matters in the above-reference and issued an arrest warrant or failure	ed case. Consequently, I understand that the Court removed that case from the docket e to appear (FTA) in its place.
	-2(a)(5), I hereby request that the Clerk of Court, upon receipt of a \$75.00 renthe Court's official docket. Upon payment of the re-docketing fee, the Clerk of
Court will place this case back on th	e Court's official docket and provide notice to me. I also understand my need to ne, as to my new court date that may be given to me.
Current Address:	Date of Birth:
City/State/Zip:	
Phone No:	
Email Address:	Defendant/Defendant's Attorney Signature
PART 2: ORDER OF THE COURT	
For good cause shown, the a	minal case is hereby DENIED. bove stated request to redocket a criminal case is hereby GRANTED and will be placed on this and time to be determined by the Clerk of the Court.
So ORDERED this the day of	, 20
	Judge, State Court of Bryan County

Bryan County State Court Clerk P.O. Box 670 Pembroke, GA 31321 Phone: 912-653-3872