## IN THE CLEVELAND HEIGHTS MUNICIPAL COURT Cuyahoga County, Ohio

State of Ohio/City of Cleveland Heigh	nts
	Ticket Number
V.	Case Number TRD
Defendant Printed Name	MINOR TRAFFIC MATTER
Current Mailing Address	
City, State, Zip	() Phone with Area Code
City, State, Zip	Thone with Area Code
signed the statement of rights ATTAC	CHED TO THIS FORM.  Signature:
***********	************************
	TIME WAIVER
· · · · · · · · · · · · · · · · · · ·	at that my case be tried within the time limits prescribed by O.R.C. in date of citation, and allow the court to schedule this matter
Date:	Signature:
**********	**********************

\* PER ADMINISTRATIVE ORDER OF COURT DATED 10/18/1995 ALL TRAFFIC TRIALS ARE HEARD BY THE MAGISTRATE OF THE CLEVELAND HEIGHTS MUNICIPAL COURT

ALL TRIALS ARE HELD AT 1:30 P.M. ON EITHER WEDNESDAY OR THURSDAY I UNDERSTAND THAT ALL FINES AND COSTS ARE DUE THE DAY OF TRIAL