



Metroport Teen Court Defendant Request for Extension



This request must be turned in to the Metroport Teen Court office.
Your extension will be reviewed, and you will be notified of the decision within 3 business days.

Please print neatly. Illegible forms will be automatically denied.

Defendant's Name _____ Cause No _____

Email Address _____ Phone Number _____

Amount of Hours Completed _____ Amount of Jury Terms Completed _____

Original Due Date _____ Requested Due Date (2 weeks maximum) _____

Reason for Extension Request _____

Teen Defendant Certification

I, the above named defendant, certify that this request is necessary and that the facts stated therein are true and correct. I also understand that this does not guarantee that my request will be granted and that if it is, I will receive notification informing me of the decision.

Signature of Defendant

Date

Parent/Guardian Certification

I, _____, the parent/guardian of the above named defendant, hereby certify that I am in agreement with this request, that the information contained herein is true and correct, and that I have done everything, and will continue to do everything, in my power to help my child complete the sentence of the Metroport Teen Court.

Signature of Parent/Guardian

Date

Please submit via fax at (817) 748-8685, by email to teen.court@ci.southlake.tx.us,
or by mail / in person to: Southlake Municipal Court
600 State Street, Suite 1000, Southlake, TX 76092

*This is a court filed document. Any information given on this form shall be available to Open Records Request.

FOR OFFICE USE ONLY

Received on _____ Reviewed on _____ Request is _____

The new due date is _____
(The new due date may or may not match what was requested)

Signature of Teen Court Coordinator