FILED
TIME 2:13 PM
JUN 10 2019
VIRLYNN TINNELL
CLERK SUPERIOR COURT
BY: KT DEPUTY

CR-2014-01193
CR-2017-01042

MOHAVE COUNTY JAIL INMATE REQUEST FORM

DATE: 6-5-19 NAME: RECTOR, JUSTIN NAME # 202408 CELL #: B-205

JAIL COMMANDER: _____ ATTORNEY: _____

JAIL SUPERVISOR: _____ COURT: JUDGE JANSAN

SHIFT SUPERVISOR: _____ PROBATION: _____

OTHER: _____ RELEASE PROPERTY: _____

REQUEST: IF YOU DONT LET ME OUT OF THE PLEA I RESPECTFULLY REQUEST TO BE SENTENCES ON THE 12 of JULY IF THERE IS TIME. EVERYONE WILL BE THERE ON BOTH SIDES IF NOT THEN I REQUEST YOU SCHEDULE A SENTENCING DATE AS SOON AS POSSIBLE. PLEASE THANK YOU FOR YOUR TIME AND CONSIDERATION.

OFFICER RECEIVING REQUEST: HOFMEISTER J-719

ACTION TAKEN BY: _____ REVIEWED BY: _____

ACTION TAKEN: _____

RECEIVED
JUN 10 2019
BY: _____

INMATE SIGNATURE (AFTER ACTION): _____ DATE: _____

S8015CR201401193