

MASON COUNTY SUPERIOR COURT
REQUEST TO QUASH WARRANT(S)

Defendant's Name: _____

Cause Number(s): _____

Attorney's Name: _____

- Contact your attorney to let them know you will be reporting to court to request that your warrant(s) be quashed.
- On Monday or Tuesday (excluding the last Tuesday of the month) please notify the Clerk's Office so they can add you to the regular court calendar being held that day.
- On Wednesday, Thursday or Friday please check in with the Clerk's Office and contact court administration to arrange for a time to come in.

Date: _____

Time: _____

Location: _____

Contact Number: _____

Current Address: _____

Arrangements Made Telephonically: [] Yes

Defendant's Signature: _____ (If not present indicate BY PHONE)

Request Taken By: _____

Please note: The report date and time listed above is subject to change. If you are scheduling a time to come in on a future date, please contact court administration at (360) 427-9670, ext. 289, before 9:30 a.m. on the date you plan to come in, to verify that the time has not changed.