

**FIRST JUDICIAL DISTRICT OF PENNSYLVANIA
PHILADELPHIA MUNICIPAL COURT
TRAFFIC DIVISION**

Commonwealth of Pennsylvania
vs.

Citation No(s).

Defendant's Name

REQUEST FOR LEAVE TO WITHDRAW AS COUNSEL

Defendant's Name		OLN	
Address	City	State	Zip
Name of Defendant's Attorney			Attorney ID #
Office Address	City	State	Zip
Electronic Mail Address of Attorney:			
Date of Trial	Time	Courtroom (If Available)	
Reason for Request to Withdraw (Attach all necessary documentation)			
Defendant's Position			

I verify that the statements made herein are true and correct, and that false statements herein are made subject to the penalties of 18 Pa.C.S. §4904, relating to unsworn falsification to authorities.

Signature of Attorney

Date

ORDER

- Counsel's request to withdraw as counsel for the Defendant is:
- Granted. Reason:
- Denied. Reason:

BY THE COURT:

Date: _____

MUNICIPAL COURT JUDGE