

New Kent County Juvenile and Domestic Relations District Court
Continuance Request Form

Name of Case: _____ Case Number(s): _____

Type of Case: Delinquency Criminal Custody/Visitation Support Other: _____

Hearing Date: _____ Time: _____

Requesting Party's Name: _____ Telephone #: _____

Case Status: Arraignment Trial Preliminary Disposition Review
 Other (Explain) _____

Is the defendant being held: Yes No Is there an objection: Yes No

Reason for Request: _____

Available date and time agreeable to all parties and the Court: _____

I certify that a copy has been mailed or delivered to the following counsel of record and/or parties not represented by a lawyer.

Attorneys: _____ for _____
_____ for _____
_____ for _____

Pro Se: _____ Pro Se: _____

SIGNED: _____ NAME (PRINT) _____ DATE: _____

SIGNED: _____ NAME (PRINT) _____ DATE: _____

SIGNED: _____ NAME (PRINT) _____ DATE: _____

SIGNED: _____ NAME (PRINT) _____ DATE: _____

Your signature

Date

ONLY THE JUDGE MAY GRANT A CONTINUANCE AND EXCUSE YOUR APPEARANCE. UNLESS YOU ARE NOTIFIED THAT YOUR CONTINUANCE HAS BEEN GRANTED, YOU MUST APPEAR ON THE DATE AND TIME YOUR HEARING WAS ORIGINALLY SCHEDULED.

FOR JUDGE'S USE ONLY: Continuance denied Continuance granted Hearing ordered on request for continuance

Judge: _____ Date: _____

New date: _____ Time: _____