

_____ COUNTY DISTRICT COURT (CRIMINAL DIVISION)
REQUEST FOR CONTINUANCE

ADMINISTRATIVE
TYPE OF COURT

DATE

ATTORNEY

CASES TO BE CONTINUED (FIRST TIME ON ONLY)

LINE NO.	DEFENDANT NAME	FILE NUMBER	*DATE REQUESTED ADMIN. TRIAL	NEW COURT DATE

By filing this motion to continue I make a general appearance for the Defendant's listed. _____
Attorney Signature

*Date requested, check one.
Motions must be received by the District Attorney's and Clerk's office 24 hours prior to the scheduled court date. Otherwise they will not be accepted.
**** Copies of this form may be used instead of continuance forms.