

**HANOVER COUNTY GENERAL DISTRICT COURT**  
**MOTION FOR CONTINUANCE**

To request a continuance:

\* Complete and submit this form to the Hanover Commonwealth's Attorney's Office -  
By facsimile: (804) 365-6295 By mail: P. O. Box 470, Hanover, Virginia 23069-0470

Name of Defendant: \_\_\_\_\_ Case #: \_\_\_\_\_

Co-defendants: \_\_\_\_\_

Date/Time/Officer: \_\_\_\_\_

Charges: \_\_\_\_\_  
\_\_\_\_\_

Moving Party's Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Continuance is by:  Joint Motion  Individual Request  
Hearing Requested?  Yes  No  
Continuance is objected to by:  Commonwealth  Defense  Other  
Is defendant being detained?  Yes  No

Reason for Request: \_\_\_\_\_  
\_\_\_\_\_

*SIGNATURES*

Defense  
Attorney: \_\_\_\_\_  
(printed name) (signature) (date)

Commonwealth's  
Attorney: \_\_\_\_\_  
(printed name) (signature) (date)

Defendant  
(if Pro se) \_\_\_\_\_  
(printed name) (signature) (date)

Available dates agreeable to all parties and/or officer's next available date:

\_\_\_\_\_  
Month / Day / Year @ Time Month / Day / Year @ Time

\_\_\_\_\_  
Month / Day / Year @ Time Month / Day / Year @ Time

**For Clerk's Use:**

New Hearing Date and Time: \_\_\_\_\_