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: _____