

**COURT OF COMMON PLEAS
FOR THE STATE OF DELAWARE
REQUEST FOR CONSOLIDATION OF CRIMINAL CASES**

DATE: _____

REQUEST SUBMITTED BY: _____

DEFENDANT NAME: _____

PLEASE LIST BELOW ALL OF THE CASES TO BE INCLUDED IN THE CONSOLIDATION REQUEST AND INCLUDE THE FOLLOWING INFORMATION:

- 1. COURT CASE NUMBER**
- 2. NEXT SCHEDULED HEARING DATE/TIME/CALENDAR TYPE**
- 3. PREFERRED DATE FOR CONSOLIDATION**
- 4. PLEASE INDICATE:** _____ **TRIAL**
 _____ **PLEA**
 _____ **CASE REVIEW**

CASE NUMBER	NEXT HEARING DATE AND TIME	CALENDAR TYPE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

OPPOSING COUNSEL'S POSITION: _____

PREFERRED DATE FOR CONSOLIDATION: _____

**** IT IS NOT ALWAYS POSSIBLE TO SCHEDULE TO THE DATE REQUESTED. YOU ARE RESPONSIBLE FOR CONTACTING THE OFFICE TO CONFIRM THE NEW DATE****

APPROVED BY: _____ **DATE:** _____
CASES TO BE CONSOLIDATED AS FOLLOWS:

