

**SUPERIOR COURT OF DELAWARE
CONTINUANCE REQUEST FORM**

Final

Trial Case Review Diversion Motion Sentencing VOP Other County: N K S

State v. _____ Arrest Date: _____ Detained: Yes / No

Assigned Judge: _____ ID No. _____ Prior Rescheduling's _____

Scheduled Date: _____ New Agreed Upon Date: _____

Opposing Counsel: Opposes Does not oppose **(One must be marked)**

Requested by: AG / Defense

Please attach Overview Screen & Schedule History Screen.

Deputy _____
Print Name _____ Signature & Date _____

Defense _____
Print Name & Phone Number _____ Signature & Date _____

Reason(s): _____

If continuance request is due to scheduling conflict with another Court appearance:

Court & County: _____ Case Name: _____

ID No. _____ Time: _____ Judge: _____

Date other court appearance was set: _____

NOTICE: It is the responsibility of the submitting party to send a copy of this request to opposing counsel. In the event of the approval of this request, it is the responsibility of the attorneys to notify their clients and witnesses of new dates.

FOR ADMINISTRATIVE USE ONLY

Recommendation: Approve Deny Charge to: State Defense Mutual Court

Comments: _____

Reviewing Authority: _____ Date: _____

COURT ACTION: Approve Deny Charge to: State Defense Mutual Court

Comments: _____

Judge: _____ Date: _____

Distribution: Prothonotary & File Court Reason Code: _____