

IN THE COURT OF COMMON PLEAS FOR THE STATE OF DELAWARE IN AND FOR
 NEW CASTLE COUNTY **KENT COUNTY** **SUSSEX COUNTY**

STATE OF DELAWARE)

v.)

Case No(s). _____

CONTINUANCE REQUEST FORM

Court Event:

Arraignment

Case Review

Trial

Sentencing

VOP Hearing

Other: _____

Specify Event

Scheduled Event Date: _____

Prior Continuances:

Prior Event Date(s) _____ *Requested By* _____

Requesting Party:

Attorney General

Defense Counsel

Defendant

Reason For Request: _____

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

County / Court

Case Name

Case No.

Date the event was set

Opposing Party's Position:

No Opposition

Could Not Be Reached

Opposed _____

Reason for opposition

Party Information (please print):

Attorney General

Telephone

Email

DE Bar #

Defense Counsel

Telephone

Email

DE Bar #

Defendant

Telephone

Email

THIS SECTION TO BE COMPLETED BY THE COURT

Outcome:

GRANTED

DENIED

Charge To:

State

Defense

Mutual

Court

Comments: _____

Date

Judge / Commissioner