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:

_____

_____

_____