_____ COUNTY DISTRICT COURT (CRIMINAL DIVISION)
REQUEST FOR CONTINUANCE

ADMINISTRATIVE	_____	_____
TYPE OF COURT	DATE	ATTORNEY

CASES TO BE CONTINUED (FIRST TIME ON ONLY)

LINE NO.	DEFENDANT NAME	FILE NUMBER	DATE REQUESTED ADMIN. TRIAL	NEW COURT DATE

*Date requested, check one.

Motions must be received by the clerk 24 hours prior to the scheduled court date, otherwise they will not be accepted.

**** Copies of this form may be used instead of continuance forms.