19th Judicial District
Fairfax County General District Court

CRIMINAL/TRAFFIC CONTINUANCE REQUEST

Commonwealth of Virginia
County of Fairfax
vs.

_____
(Defendant Name)

Docket Nos:_____
OR Summons Nos: _____
☐ Fairfax County ☐ Fairfax City
☐Herndon ☐Vienna

Charges:

_____

_____

Officer/Complainant:_____ **Unit No:** _____

Current Court Date:_____ ☐Trial ☐Preliminary Hearing **Time:**_____

Attorney Name: _____ ☐Retained ☐ Court Appointed ☐ Public Defender
(Print Name)

Continuance Request By: ☐ Commonwealth ☐Defense Attorney
☐ Defendant ☐ Police Officer

☐ In Person
☐ By Phone/Email

Accident: ☐Yes ☐No To Be Notified By:
Witnesses: ☐Yes ☐ No ☐Commonwealth ☐ Defense

Continued For:
☐ Subpoena witnesses
☐ Failure to Appear

Case has previously been continued _____times by Commonwealth.
Case has previously been continued _____times by Defendant.
☐ Case has previously been continued to subpoena witnesses for accident charge.

Reason Requested:

_____

_____

_____

Date: _____ _____
Print Name of Person Making Request

☐ Address verified
Clerk:_____ _____
Signature of Person Making Request

Note: Felony continuances must be signed by both the Commonwealth's Attorney and Defense Counsel. Requests for continuance by the Commonwealth require a signature of counsel of record, if any.

I ASK FOR THIS:

_____
Attorney for (Commonwealth) (Defendant) VA State Bar I.D. No.

SEEN AND AGREED TO: (Excepted To)

_____
Attorney for (Commonwealth) (Defendant) VA State Bar I.D. No.

Continuance Request Is: ☐ Approved ☐ Denied Reason:_____

By:_____ New Court Date:_____
Judge

Court date information is also available on the web at: ☐9:30 a.m. ☐ 2:00 p.m.
www.courts.state.va.us