

**19th Judicial District
Fairfax County General District Court
CRIMINAL/TRAFFIC CONTINUANCE REQUEST**

Commonwealth of Virginia
County of Fairfax
vs.

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

(Defendant Name)

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 In Person
 Defendant Police Officer 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:

SEEN AND AGREED TO: (Excepted To)

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

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

Continuance Request Is: Approved Denied **Reason:** _____

By: _____
Judge

New Court Date: _____

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