

Henrico Juvenile and Domestic Relations District Court  
Continuance Request Form

Name of Case: \_\_\_\_\_ Case #: \_\_\_\_\_

Judge: \_\_\_\_\_ Date of Trial: \_\_\_\_\_ Time: \_\_\_\_\_

Requesting Party's Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Case Status:  Preliminary  Arraignment  Trial  Disposition  Other (Explain) \_\_\_\_\_

Is defendant being held:  Yes  No

Companion cases:  Yes  No Names: \_\_\_\_\_

Reason for request: \_\_\_\_\_

I certify that a copy has been mailed or delivered to counsel of record and/or, if any, to parties not represented by a lawyer.

\_\_\_\_\_  
*Your signature*

\_\_\_\_\_  
*Date*

Protective order in effect:  Yes  No  Not applicable

Attorneys: \_\_\_\_\_ for \_\_\_\_\_

\_\_\_\_\_ for \_\_\_\_\_

\_\_\_\_\_ for \_\_\_\_\_

Pro Se: \_\_\_\_\_ Pro Se: \_\_\_\_\_

Continuance is by:  Joint Motion    Continuance is objected to by: \_\_\_\_\_

Individual Request    Hearing Requested  Yes  No

Available dates agreeable to all parties and Court docket:

Number of prior continuances: \_\_\_\_\_ Requested by: \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

**FOR JUDGES USE ONLY:**

Continuance denied  Continuance granted, docket new date  Hearing ordered on motion to continue, docket hearing

Appearance required  No appearance required

Judge: \_\_\_\_\_ Date: \_\_\_\_\_

New date: \_\_\_\_\_ Time: \_\_\_\_\_

Requesting party notified: Date: \_\_\_\_\_

By:  FAX  Phone  Mail  In person

Clerk \_\_\_\_\_