

Williamsburg/James City County Juvenile and Domestic Relations District Court
Continuance Request Form

Name of Case: _____ Case Number(s): _____

Type of Case: Delinquency Criminal Custody/Visitation Support Other: _____

Date of Trial: _____ Time: _____

Requesting Party's Name: _____ Telephone #: _____

Case Status: Arraignment Trial Preliminary Disposition

Other (Explain) _____

Is defendant being held: Yes No

Reason for Request: _____

Available date and time agreeable to all parties and the Court's docket: _____

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

Attorneys: _____ for _____

_____ for _____

_____ for _____

Pro Se: _____ Pro Se: _____

SIGNED: _____ NAME (PRINT) _____ DATE: _____

Your signature

Date

FOR JUDGE'S USE ONLY:

Continuance denied Continuance granted Hearing ordered on request for continuance

Judge: _____

Date: _____

New date: _____ Time: _____