

IN THE COURT OF COMMON PLEAS, BUCKS COUNTY, PENNSYLVANIA
CRIMINAL DIVISION
REQUEST FOR CONTINUANCE

Docket Number: CP-09-CR-_____ - _____ (required)

Name of defendant:

Name of defense counsel:

Has defense counsel entered his/her appearance with Clerk of Courts? Yes No

Email address if additional information is needed:

Date and time of proceeding from which this continuance is requested:

Is this a trial, guilty plea, or other?

Reason for your continuance request:

What is the District Attorney's position on your request? Unopposed Opposed

Name of District Attorney you contacted:

Date requested (this is **NOT** a guarantee):

Date of this continuance request:

Signature*

**By typing your name, you are signing this request electronically. You agree your electronic signature is the legal equivalent of your manual signature on this request.*