

REQUEST FOR CONTINUANCE OF PRELIMINARY HEARING

COMMONWEALTH OF PENNSYLVANIA
VS

_____ District Court _____

Preliminary Hearing Date _____

Person Requesting
Continuance:

Name (please print) _____

(Circle one: Asst. D.A. Police Deft Atty. Afft. Defendant Victim)

Reason for Continuance

Concurrence of Opposing Party:

_____ Yes

_____ No

Person Contacted:

Name (please print) _____

(Circle one: Asst. D.A. Police Deft Atty. Afft. Defendant Victim)

If request(s) by defendant results in continuance(s) in excess of 30 days, the defendant hereby waives the right to be tried within 180 days after filing complaint as provided by PA Crim, Rule 600, the right to be released without bail if in prison and not tried within two terms of criminal court, and the right to speedy trial.

Signature

Print Name and Phone #

Date

Fax completed forms to Central Court at 570-963-6376 for approval. Requests must be made 24 hours in advance of Preliminary Hearing, unless emergency.

FOR OFFICIAL OFFICE USE ONLY:

Prior Continuances; Commonwealth _____ Defense _____ Court _____

APPROVED _____ DENIED _____

MDJ/JUDGE/COURT ADMIN. _____