SUPERIOR COURT OF DELAWARE CONTINUANCE REQUEST FORM

Case Review continuance requests must be filed in the Prothonotary Office by the Wednesday prior to the scheduled Case Review.

COUNTY: N K S (Cirde One) Trial [] Case Review [] Diversion [] Fast Track [] Suppression [] VOP [] Sentencing [] CVOP [] State v. _____ Detained Yes / No Assigned Judge ______ ID No. _____ Prior Reschedulings _____ Scheduled Date: _____ Opposing Counsel: Opposes

Does not Oppose

Unable to Reach Proposed New Agreed upon Date: _____ Requested by AG / Defense □ Deputy _____ Print Name & Phone Number Signature & Date □ Defense ___ Print Name & Phone Number Signature & Date Reason(s) If Continuance request is due to scheduling conflict with another Court appearance: Court & County _____ Case Name: _____ ID No.: _____ Judge _____ Date other court appearance was set: _____ **NOTICE**: It is the responsibility of the submitting party to send a copy of this request to opposing counsel. In the event of approval of this request, it is the responsibility of the attorney to notify their clients and witnesses of new dates. FOR ADMINISTRATIVE USE ONLY Recommendation Approve \square Deny \square Charge to: State □ Defense □ Mutual □ Court □ Comments: _____ New Date: _____ Reviewing Authority: ______ Date: _____ **COURT ACTION** Charge to: State □ Defense □ Mutual □ Approve □ Denv □ Court Comments: ____ New Date: _____ Date: _____