

CRIMINAL COURT
REQUEST FOR ADJOURNMENT

Party Making Request: _____

Defendant's Name: _____ Telephone #: _____

Case Number: _____

Date & Time of Hearing: _____

Requested Date & Time for Adjournment: _____

Reason for Request: _____

The District Attorney does not object to this request for adjournment.

By signing this request form above, Judge Anderson indicates his approval of the adjournment.