

**HARFORD COUNTY CIRCUIT COURT
Defendant's Postponement Request**

Case Name: _____

Today's Date: _____

Case Number: _____

Hicks Date: _____

REQUEST FOR POSTPONEMENT OF:

Suppression Hearing

Pre-Trial Conference

Trial

Current date: _____

Proposed new date: _____

*** Proposed dates must be cleared with the Criminal Assignment office prior to submitting request. Please contact (410) 638-3133 to schedule a new date.**

Reason for Postponement Request: _____

Date of first appearance before the court or entry of counsel (whichever is first to occur) _____

Date(s) of prior postponements _____

Current Address of Defendant _____

Waiver of Maryland Rule 4-271 Requirements

I have been advised of my right to a prompt trial in the above case(s), pursuant to Rule 4-271. I hereby waive the time requirement of Rule 4-271 should this postponement request result in my trial occurring outside of the 180 days beyond my first personal appearance before the Court or the entry of appearance of counsel on my behalf, whichever occurs earlier. I further waive my right to have this case dismissed if the trial date is beyond the 180 days as a result of this postponement.

Date: _____

Defendant's Signature
(required for all TRIAL postponements)

Attorney for Defendant (print name)

Attorney for Defendant (signature)

Phone: _____

CERTIFICATE OF SERVICE

I hereby certify that on this ____ day of _____, _____, a copy of the foregoing was delivered to _____, Harford County State's Attorney Office, 20 West Courtland Street, Bel Air, Maryland 21014.

Attorney for Defendant (signature)

REQUEST FOR POSTPONEMENT:

- APPROVED FOR GOOD CAUSE
- DENIED

CHARGE TO:

- STATE/PLAINTIFF
- DEFENDANT

DATE

JUDGE

Distribution: Original to Court File
Copy to Criminal Assignment