

**HARFORD COUNTY CIRCUIT COURT
State'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 _____

State's Attorney (print name)

State's Attorney (signature)

Phone: _____

CERTIFICATE OF SERVICE

I hereby certify that on this _____ day of _____, _____, a copy of the foregoing was delivered to _____.

State's Attorney (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