

COMMONWEALTH OF PENNSYLVANIA : IN THE COURT OF COMMON PLEAS OF
 : DAUPHIN COUNTY, PENNSYLVANIA
 v. :
 :
 :
 : NO: _____
 :
 _____, Defendant

DEFENSE MOTION FOR CONTINUANCE

AND NOW, this _____ day of _____, 20__, comes the Defendant, by and through his/her attorney, _____, and requests that this court continue the court appearance scheduled for _____, 20__, until _____, 20__ and in support thereof, avers the following:

1. Defendant was formally arraigned or waived formal arraignment on _____.
2. This is the _____ time this court date has been rescheduled since formal arraignment or the date in which Defendant waived formal arraignment.
3. Defendant is requesting a continuance for the following reason(s) (*check at least one box*):

- 1. Discovery has not been completed.
- 2. Plea negotiations are being finalized. The Commonwealth made the most recent offer on _____.
- 3. Defendant is currently in an inpatient rehabilitation program with an anticipated release date of _____.
- 4. Defendant is awaiting new charges which are currently scheduled for court on _____ in front of Judge _____.
- 5. Other (please specify):

4. The District Attorney assigned to this case is _____. (*Check one.*)

- I spoke with the District Attorney who indicated that he/she did not object.
- I spoke with the District Attorney who indicated that he/she does object.
- I sent a copy of this Motion to the District Attorney and have not yet received a response.

5. Defendant waives Rule 600 for purposes of this continuance.

WHEREFORE, Defendant respectfully requests that this Honorable Court grant the continuance.

Signature of Attorney

Distribution:

Clerk of Courts (Original) District Attorney Defendant/Defense Counsel Court Admin

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: :
: :
_____, : NO: _____
Defendant :

CERTIFICATE OF SERVICE

I hereby certify that I am this day serving the foregoing documents upon the person(s) and in the manner indicated below, which service satisfies the requirements of Pa.R.Crim.P. 576(B)(4):

Service by email as follows:

Dauphin County District Attorney's Office
Front & Market Streets
Harrisburg, PA 17101

Dated: _____

Signature of Attorney for Defendant (and Printed Name)

CERTIFICATE OF COMPLIANCE

I certify that this filing complies with the provisions of the *Public Access Policy of the Unified Judicial System of Pennsylvania: Case Records of Appellate and Trial Courts* that require filing confidential information and documents differently than non-confidential information and documents.

Name: _____

Signature: _____ Attorney # (if applicable): _____