COMMONWEALTH OF PENNSYLVANIA v.	: IN THE COURT OF COMMON PLEAS OF : DAUPHIN COUNTY, PENNSYLVANIA :
, Defendant	: NO:
DEFENSE UNCONTESTED MOTION FOR CONTINUANCE	
AND NOW , this day of a continuance of the court appearance scheduled f I aver that the Commonwealth does not oppose this	
This is the 🗌 first or 🗌 second time th arraignment.	nis court date has been rescheduled since formal

Signature of Attorney for Defendant (and Printed Name)

WAIVER AND ACKNOWLEDGMENT OF RECEIPT OF NOTICE

I am the attorney of record for the defendant in this proceeding and I certify that I advised the defendant of all her/his rights under PA.R.Crim.P. Rule 600 and the effect of this waiver upon said rights, and that I advised the defendant that in my opinion the defendant hereby unconditionally waives or gives up her/his right to a prompt trial under PA.R.Crim.P. Rule 600. This waiver shall be effective from until

Name of opposing counsel: _____

Signature of Attorney for Defendant

ORDER GRANTING CONTINUANCE

, 20____, IT IS HEREBY ORDERED that the **AND NOW**, this day of above-captioned matter is CONTINUED and RESCHEDULED for , 20 , or as soon thereafter as the case can be reached.

BY THE COURT:

Judge

Distribution: Clerk of Courts (ORIGINAL) District Attorney

Defendant Court Admin

Date:

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

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): _____