

**FIRST JUDICIAL DISTRICT OF PENNSYLVANIA
PHILADELPHIA MUNICIPAL COURT
TRAFFIC DIVISION**

Commonwealth of Pennsylvania
vs.

Citation Number(s):

Defendant

REQUEST FOR CONTINUANCE

Defendant's Name			OLN
Address	City	State	Zip
Name of Defendant's Attorney (If any)			Attorney ID #
Office Address	City	State	Zip
Electronic Mail Address of Attorney:			
Date of Trial/Hearing	Time	Courtroom (If Available)	<input type="checkbox"/> Check Box if a Scheduling Order was issued for the trial/hearing being continued.
Reason for Request for Continuance (Attach all necessary documentation)			

I verify that the statements made herein are true and correct, and that false statements herein are made subject to the penalties of 18 Pa.C.S. §4904, relating to unsworn falsification to authorities.

Signature of Defendant/Defendant's Attorney

Date

ORDER

Continuance Granted. Reason:

Continued Date	Time	Courtroom	Location 800 Spring Garden Street Philadelphia, PA
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Continuance Denied. Reason:

BY THE COURT:

Date: _____

MUNICIPAL COURT JUDGE/HEARING OFFICER