

REQUEST FOR ADVANCE TRIAL POSTPONEMENT – FELONY (rev. 4/24/19)

Select three dates and submit to charlette.oneal@mdcourts.gov. Please read the Advance Postponement Protocol before submitting this form.

Case Name: _____ Case No. _____

Current Trial Date: _____ Part 45 _____ Part 46 _____

Proposed New Dates: _____ / _____ / _____ (PLEASE CHOOSE 3 DATES)

Name and email address of all counsel:

State: _____ Email: _____

Defense: _____ Email: _____

Number of Prior Postponements: _____ Rule 4-271 Date: _____

Reason for Request: _____

Opposed by Other Party

Not Opposed by Other Party

Waiver of Maryland Rule 4-271 Requirements

I have been advised of my right to be tried within 180 days in the above case, pursuant to Rule 4-271. I hereby waive my right to be tried within 180 days if the case is postponed beyond my first appearance before the Court or the entry of appearance of counsel on my behalf, whichever occurs first. If this postponement is beyond 180 days, I waive my right to request the case be dismissed for violation of Rule 4-271.

Defendant Signature Date

Defense Counsel Signature Date

CERTIFICATE OF SERVICE

I hereby certify that on this ____ day of _____, _____, a copy of the foregoing was sent to the State's Attorney's Office for Baltimore City, 120 E. Baltimore Street, Baltimore, MD 21202.

Counsel for Defendant (Signature)

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

Assistant State's Attorney (Signature)

<u>REQUEST FOR POSTPONEMENT:</u> <input type="checkbox"/> APPROVED FOR GOOD CAUSE <input type="checkbox"/> DENIED DATE: _____	<u>CHARGED TO:</u> <input type="checkbox"/> STATE <input type="checkbox"/> DEFENDANT _____ Judge	<u>REASON:</u> <input type="checkbox"/> DAU (Def. Att. Unavailable) <input type="checkbox"/> PAV (ASA Unavailable)
--	--	--