**IN THE JUVENILE COURT OF CHEROKEE COUNTY STATE OF GEORGIA**

|  |  |  |
| --- | --- | --- |
| In the Interest of: |  | Case #: 028- |
| , a Child |  | Sex: [Male/Female]  DOB: AGE: |

**CONTINUANCE AND WAIVER OF TIME LIMITS**

I hereby certify that I have been  retained  appointed as counsel  attorney of the day for the above named child in this pending matter. Said child waives time limits imposed by statute and requests a continuance from arraignment in order to participate in the Juvenile Drug Court Educational Track.

On this day, Counsel has served a copy of the above to the Cherokee County District Attorney by:  Hand Delivery  U.S. Mail with sufficient postage thereon.

Attorney’s Signature Date

Print Attorney’s Name Bar No.

Attorney’s Address

Attorney’s Phone No. and Email