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

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| --- | --- | --- |
| 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