

**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