

IN THE CIRCUIT COURT OF FAIRFAX COUNTY
CALENDAR CONTROL FORM

CASE NUMBER(S) _____

versus _____

NAME OF ATTORNEY(S) FOR PLAINTIFF/Commonwealth

Please print name _____ Signature Telephone appearance
Telephone #: (____) _____ Is your client currently incarcerated: Yes _____ No _____

NAME OF ATTORNEY(S) FOR DEFENDANT

Please print name _____ Signature Telephone appearance
Telephone #: (____) _____ Is your client currently incarcerated: Yes _____ No _____

PARTY REQUESTING ACTION (Please check)

Counsel for Plaintiff/Commonwealth _____ Counsel for Defendant _____ Pro Se Plaintiff/Defendant _____
Has this case been continued before? YES _____ NO _____ By Whom? _____

RELIEF SOUGHT: _____

TO BE COMPLETED BY CALENDAR CONTROL JUDGE

GRANTED: DENIED: Action Taken: _____

Old Trial Date _____ New Trial Date _____ Judge Assigned _____ Time Estimate _____

SET FOR: TRIAL _____ JURY _____ NO JURY _____ Jury demand by Pltf/CW _____ Def _____

PURSUANT TO VA CODE § 19.2-243, Speedy Trial is Tolled from: _____ to _____
Counsel for the Defendant initials _____

If your client is incarcerated in another jurisdiction, has a transportation order been entered: Yes _____ No _____

MOTIONS _____ *If set for a FRIDAY, indicate which Motions Docket.

_____ 9:00 a.m. WJ	_____ 9:00 a.m. W/OJ
_____ 10:00 a.m. 2-Week Motion	_____ 10:00 a.m. Regular
_____ 11:30 a.m. 2-Week Motion	_____ 11:30 a.m. Regular

Pre-Motions Briefs allowed: Yes _____ No _____ *If yes, please attach Long Brief Form*

INTERPRETER REQUESTED: YES _____ LANGUAGE _____ NONE NEEDED: _____

CALENDAR CONTROL JUDGE

DATE