

STATE OF MICHIGAN 70TH JUDICIAL DISTRICT	ORDER FOR ADJOURNMENT	CASE NO.
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ORI Court address Court telephone no.
MI-7300-35J 111 S. Michigan Avenue, Saginaw, Michigan 48602 (989) 790-5385

<input type="checkbox"/> People of the State of Michigan <input type="checkbox"/> _____	v	Defendant(s)
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Plaintiff's attorney, bar no., address, and telephone no.	Defendant's attorney, bar no. address, and telephone no.
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THE COURT FINDS:

1. Adjournment of the trial pretrial conference motion _____
scheduled for _____ has been requested by plaintiff defendant stipulation*
for the following reason (select one):

<input type="checkbox"/> (ZSA) attorney scheduling conflict	<input type="checkbox"/> (ZPE) psychiatric evaluation / hearing
<input type="checkbox"/> (ZCA) change in attorney	<input type="checkbox"/> (ZNW) jail mittimus / writ not executed
<input type="checkbox"/> (ZDU) defendant unavailable	<input type="checkbox"/> (ZCS) case consolidated / severed
<input type="checkbox"/> (ZWU) witness unavailable	<input type="checkbox"/> (ZCC) court not in session / closed
<input type="checkbox"/> (ZPI) illness of a party	<input type="checkbox"/> (ZIA) interlocutory appeal
<input type="checkbox"/> (ZJA) judicial absence	<input type="checkbox"/> (ZTA) trial adjourned for good cause not otherwise listed (specify below)
<input type="checkbox"/> (ZSC) court scheduling conflict	<input type="checkbox"/> (ZPA) pretrial adjourned for good cause not otherwise listed (specify below)
<input type="checkbox"/> (ZOC) docket congestion	
<input type="checkbox"/> (ZDE) delay in processing evidence	
<input type="checkbox"/> (ZEH) evidentiary or motion hearing	
<input type="checkbox"/> (ZOT) other (specify): _____	

2. Previous adjournments granted: _____

IT IS ORDERED:

3. The request is denied.
4. The proceeding is adjourned until further notice _____
for the reason stated above. *Date / Time*
5. Adjournment is conditioned on

<input type="checkbox"/> payment of costs taxed in the amount of \$ _____, payable to _____, by _____ [Note: the court may vacate the adjournment if nonpayment is shown by affidavit]
<input type="checkbox"/> other: _____

Date: _____

***I stipulate to the entry of the above order:**

Plaintiff / Attorney

Defendant / Attorney