

SUPERIOR COURT OF COBB COUNTY
STATE OF GEORGIA

STATE OF GEORGIA

* IND/ACC NBR: _____
*

V.

* COPY TO:
* ASSIGNED JUDGE: _____ *

(Defendant's Name)

* ASSIGNED ADA: _____ *

REQUEST TO WAIVE IN-CUSTODY TRANSPORT

The above-named in-custody Defendant is scheduled for court on the date(s) listed below. It is hereby requested that the Defendant not be transported to court for the reason stated:

ARRAIGNMENT: **Hearing Date:** _____

Date Waiver Filed: _____

MOTIONS: **Hearing Date:** _____

Reason to Excuse Defendant's Appearance (check one):

Discovery Received _____

No Motions to Hear _____

Other (explain):

CALENDAR CALL **Hearing Date:** _____

or

PROBATION **Reason to Excuse Defendant's Appearance (explain):**

REVOCAATION: _____

Defendant's Attorney (signed)

Defendant's Attorney (printed)

Defendant's Attorney's Email

* The original request is to be filed with the Clerk. Copies of this request must be forwarded to the assigned judge and prosecuting attorney.