

REQUEST FOR EXTENSION OF TIME TO COMPLETE S.T.O.P.

NAME: _____ TODAY'S DATE: _____

CASE NUMBER: _____ JUDGE: _____

DATE S.T.O.P. PRESENTLY DUE: _____

REASON FOR REQUEST:

HOW MUCH EXTRA TIME ARE YOU REQUESTING? _____

HAS A PRIOR EXTENSION BEEN GRANTED? YES NO

DEFENDANT'S SIGNATURE: _____

COURT SERVICES RECOMMENDATION:

COURT SERVICES OFFICER _____

EXTENSION APPROVED: _____ EXTENSION DENIED _____

S.T.O.P. DUE DATE EXTENDED TO: _____

JUDGE'S SIGNATURE

DIV

DATE