

TYBEE ISLAND MUNICIPAL COURT PRETRIAL DIVERSION PROGRAM

**Extension of Time Request Form**

Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Case # \_\_\_\_\_ Date of Entry into Pretrial: \_\_\_\_\_

**Section I – to be completed by Defendant**

1. Explain why you have not completed the ordered terms and why you need an extension of time.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Defendant

\_\_\_\_\_  
Date

**Section II – to be completed by the Pre-Trial Diversion Coordinator**

List Terms	Status

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Section III– to be completed by the Assistant District Attorney**

Extension (circle one):      Granted      Denied

Time extended to: \_\_\_\_\_

\_\_\_\_\_  
Signature of Assistant District Attorney

\_\_\_\_\_  
Date