

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**

or

**PROBATION**

**REVOCAATION:**

**Hearing Date:** \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_  
**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.