

**VIRGINIA:  
IN THE CIRCUIT COURT OF LOUDOUN COUNTY**

\_\_\_ Commonwealth of Virginia  
\_\_\_ County of Loudoun  
\_\_\_ Town of \_\_\_\_\_

v. CR # \_\_\_\_\_

**CRIMINAL DOCKET PRAECIPE**

**\*\*\* TO BE USED ONLY FOR CRIMINAL DOCKET FOR PURPOSE OF DOCKETING  
PLEAS AND CRIMINAL MOTIONS \*\*\***

**THE COURT HEARS MISDEMEANOR APPEALS, PLEAS, SENTENCINGS, REVOCATIONS AND CRIMINAL  
MOTIONS EACH THURSDAY AT THE FOLLOWING TIMES:**

- 9:00 A.M. MISDEMEANOR APPEALS**
- 10:00 A.M. PLEAS (TO INCLUDE COMBINED PLEA AND SENTENCING AND COMBINED PLEA AND  
REVOCATION)**
- 1:00 P.M. SENTENCINGS, REVOCATIONS AND CRIMINAL MOTIONS**

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The Court is requested to place the above matter on the Court’s criminal docket for  
Thursday, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

**NOTE: PRAECIPES MUST BE FILED AT LEAST 14 DAYS PRIOR TO THE REQUESTED HEARING FOR  
CRIMINAL MOTIONS AND 7 DAYS PRIOR TO THE REQUESTED HEARING FOR ENTRY OF A PLEA.**

at \_\_\_ 10:00 a.m. \_\_\_ 1:00 p.m. (Please refer to above for assigned hearing times.)

For the purpose of: \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Name (print): \_\_\_\_\_ VSB# if attorney: \_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_ Attorney for the Commonwealth/County/Town of \_\_\_\_\_

\_\_\_ Defendant

\_\_\_ Counsel for Defendant

Name and Phone and Email (required if known) for Attorney/Deputy Attorney/Assistant Attorney for the Commonwealth/County/Town:

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Name and Phone and Email (required if known) for \_\_\_ Counsel for Defendant or \_\_\_ self-represented Defendant:

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**CERTIFICATE**

***I hereby certify*** that I have delivered a true copy of this Praecipe to all counsel of record herein pursuant to Rule 1:12 of the Rules of the Supreme Court of Virginia, and served a true copy upon parties not represented by counsel, this \_\_\_ day of \_\_\_\_\_, 20 \_\_\_ by: (check all that apply) \_\_\_ HAND DELIVERY \_\_\_ REGULAR MAIL \_\_\_ FACSIMILE \_\_\_ EMAIL. ***I further certify*** that I made a good faith effort to obtain and provide on this Praecipe the phone number and email address for all counsel of record and for all parties not represented by counsel.

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Signature

**IMPORTANT NOTICE TO THE PERSON RECEIVING THIS PRAECIPE: IF YOUR CORRECT CONTACT PHONE NUMBER AND EMAIL ADDRESS ARE NOT PROVIDED ABOVE ON THIS SCHEDULING PRAECIPE, YOU MUST CONTACT THE COURT DOCKET MANAGER (AMY.BAIN@LOUDOUN.GOV; 703-771-5772) NO LATER THAN NOON ON THE LAST BUSINESS DAY BEFORE THE HEARING DATE TO PROVIDE YOUR EMAIL ADDRESS AND PHONE NUMBER TO ALLOW THE COURT TO CONTACT YOU IF NECESSARY SHOULD YOUR HEARING BE SCHEDULED TO BE HEARD REMOTELY. FOR REMOTE HEARINGS, PLEASE REMAIN NEAR YOUR PHONE AND/OR ELECTRONIC DEVICE UNTIL YOU ARE CONTACTED. FAILURE TO PROVIDE THE NECESSARY INFORMATION OR FAILURE TO BE READY TO APPEAR REMOTELY WHEN CONTACTED BY THE COURT MAY RESULT IN THE CASE BEING HEARD WITHOUT YOUR PARTICIPATION AND/OR THE IMPOSITION OF SANCTIONS IN THE DISCRETION OF THE COURT.**