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| **Date Originally Date Hearing**  **Rescheduled** | **Date Hearing Scheduled** | **Caseworker's Name** | **Case#** | **Client Name** | Reason for Postponement |
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**Postponements CEDSS/CWS/22-003**

**Legal Services for Cecil County Department of Social Services Attachment D**

**Vendor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Month/Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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