POSTPONEMENTS – MONTHLY ACTIVITY REPORT CALVERT COUNTY DEPARTMENT OF SOCIAL SERVICES - LEGAL SERVICES

REPORT MONTH/YEAR:					
DATE ORIGINALLY SCHEDULED	DATE HEARING RESCHEDULED	CASEWORKER'S NAME	CASE#	CLIENT NAME	REASON FOR POSTPONEMENT
TOTAL NUMB	ER OF POSTPONE	MENTS THIS MONTH:			
NAME and TITLE					DATE