

HON. EDMUND M. DANE, J.S.C.

REQUEST FOR ADJOURNMENT FORM - Part 33

THIS FORM IS REQUIRED FOR ANY AND ALL ADJOURNMENT REQUESTS

THIS FORM MUST BE FILLED OUT COMPLETELY
INCOMPLETE FORMS WILL BE SUMMARILY DENIED

ALL REQUESTS MUST BE ON CONSENT AND ALL REQUESTED ADJOURN DATES MUST BE CONFIRMED WITH YOUR ADVERSARY AND ATTORNEY FOR THE CHILD, IF APPLICABLE, PRIOR TO MAKING THE REQUEST.

Case Name: _____ **Index No.:** _____

Date on Calendar: _____ **Last Court Date:** _____

Is this request on consent of your adversary and the Attorney for the Child(ren)? **YES / NO**

Req'd Adj. Dates (At Least 3): 1) _____ 2) _____ 3) _____

Nature of Appearance:

P.C. _____ COMPLIANCE _____ CERTIFICATION _____ PRE-TRIAL _____
HEARING _____ TRIAL _____ MOTION _____
SUBMISSION OF JUDGMENT PACKAGE/NON-COMPLIANCE _____

Reason for Adjournment (Affirmation of Actual Engagement must be attached if applicable):

CONTACT INFORMATION

Party making request: PLAINTIFF / DEFENDANT

Attorney contacting Court: _____

Phone No.: (_____) _____ - _____

Fax No.: (_____) _____ - _____

Adversary's Attorney: _____

Phone No.: (_____) _____ - _____

Fax No.: (_____) _____ - _____

Attorney for the Child(ren): _____

ALL REQUESTS MUST BE RECEIVED VIA FAX [(516) 493-3489] BEFORE 2:00 P.M.

OF THE BUSINESS DAY PRIOR TO THE SCHEDULED COURT DATE

A CONFIRMING LETTER, IN FULL COMPLIANCE WITH THIS PART'S RULES MUST BE RECEIVED ON THE SAME DATE THE ADJOURNMENT IS GRANTED.