

REQUEST FOR ADJOURNMENT FORM - Part 56

HON. THOMAS RADEMAKER

Fax: (516) 493-3458

**THIS FORM MUST BE FILLED OUT COMPLETELY
INCOMPLETE FORMS WILL BE DISREGARDED**

CASE NAME _____ INDEX# _____

RJ DATE: _____ DATE ISSUED: _____ LAST COURT APPEARANCE: _____

NUMBER OF PRIOR ADJOURNMENTS (OF THIS PARTICULAR EVENT): _____

DATE ON COURT CALENDAR: _____

REQUESTED (at least 3) ADJ. DATES: 1) _____ 2) _____ 3) _____ 4) _____

MOTION, CONFERENCE, OR OTHER _____ IF MOTION, NATURE OF RELIEF SOUGHT _____

REASONS FOR ADJOURNMENT: (Affirmation of Engagement must be attached if applicable)

DISCOVERY COMPLETED (Y/N): _____ WAS N/I FILED?: _____ DATE TO FILE N/I: _____

WERE PARTIES ADVISED OF REQUESTED ADJOURNMENT DATES PRIOR TO REQUEST? _____

ON CONSENT? _____

ATTORNEY REQUESTING ADJOURNMENT: _____
NAME: _____ PHONE: _____ FAX & EMAIL: _____

ADVERSARY'S CONTACT INFORMATION: _____
NAME: _____ PHONE: _____ FAX & EMAIL: _____

ATTORNEY'S FOR THE CHILD(REN) INFORMATION: _____
NAME: _____ PHONE: _____ FAX & EMAIL: _____

_____ FAX & EMAIL: _____

**ALL REQUESTS MUST BE RECEIVED VIA FACSIMILE (516) 493-3458 BEFORE 2:00PM OF THE
BUSINESS DAY PRIOR TO THE SCHEDULED APPEARANCE DATE.**

**FORWARD A CONFIRMING LETTER TO CHAMBERS
INDICATING THE ADJOURN DATE AND TIME**