

REQUEST FOR ADJOURNMENT FORM - PART 23

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

CASE NAME _____ INDEX# _____

RJI DATE _____ DATE ISSUE JOINED _____ LAST COURT APPEARANCE _____

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

DATE OF COURT CALENDAR _____ REQUEST (at least 3) ADJ. DATES _____

MOTION, CONFERENCE OR OTHER _____

IF MOTION, NATURE OF RELIEF SOUGHT _____

REASON FOR ADJOURNMENT: _____

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

ON CONSENT? _____ PARTIES TO BE ADVISED OF ADJOURNMENT DATE? _____

ATTORNEY REQUESTING ADJOURNMENT:

NAME _____ PHONE _____

ADVERSARY'S CONTACT INFO:

NAME _____ PHONE _____

NAME _____ PHONE _____

ALL REQUESTS MUST UPLOADED TO NYSCEF AND EMAILED TO CHAMBERS AT
JUDGESINGERREMOTE@NYCOURTS.GOV AT LEAST (2) BUSINESS DAYS IN ADVANCE.

Adjournments are not considered approved unless and until you receive express approval from chambers.