

LEONARD D. STEINMAN, J.S.C.
REQUEST FOR ADJOURNMENT FORM - Part 15

PRIOR TO MAKING YOUR REQUEST, YOU MUST SEEK THE CONSENT OF YOUR ADVERSARY. ALL REQUESTED ADJOURN DATES MUST BE CONFIRMED WITH YOUR ADVERSARY.

Case Name: _____ Index No.: _____

Date on Calendar: _____ Last court date: _____

Prior Adjournment Requested: YES/NO

Requested Adj. Dates (At Least 3): 1) _____ 2) _____ 3) _____
(The requested dates should be within the next 30 days - a request to adjourn a matter longer than 30 days must be accompanied by a detailed explanation)

Nature of Appearance:

COMPLIANCE ___ CERTIFICATION ___ HEARING ___ TRIAL ___
MOTION ___ OTHER _____ (describe)

Reason for Adjournment:

CONTACT INFORMATION

Party Making Request: PLAINTIFF / DEFENDANT

Attorney
contacting Court: _____ Phone: (____) _____
Fax : (____) _____

Adversary's
Attorney: _____ Phone: (____) _____
Fax: (____) _____

I CERTIFY THAT THIS REQUEST IS ON CONSENT OF MY ADVERSARY:

SIGNATURE/DATE

**ALL REQUESTS MUST BE RECEIVED VIA FAX AT (516) 493-3285 48 HOURS PRIOR TO THE
CONFERENCE OR RETURN DATE OF THE MOTION UNLESS GOOD CAUSE IS SHOWN**