

Supreme Court of the State of New York / Nassau County – IAS Trial Part 25  
Hon. Helen Voutsinas, J.S.C.

**ADJOURNMENT REQUEST FORM**  
**THIS FORM IS REQUIRED FOR ALL ADJOURNMENT REQUESTS**  
*Requests must be on consent of all parties*

Case Name: \_\_\_\_\_

Index No.: \_\_\_\_\_ / \_\_\_\_\_

Current Calendar Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Requested Adjourn Dates (*Please provide 3*).

Please Note: Our preference is for BRIEF adjournments, in the name of efficiency:

1) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ 2) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ 3) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Purpose of Appearance: COMPLIANCE \_\_\_\_ DISCOVERY \_\_\_\_ CERTIFICATION \_\_\_\_  
NON-DISCOVERY MOTION \_\_\_\_ HEARING \_\_\_\_ TRIAL \_\_\_\_

Number of Prior Adjournments of this Event: \_\_\_\_\_

Reason for Request (Affirmation of Actual Engagement attached, *if required*):

\_\_\_\_\_  
\_\_\_\_\_

CONTACT INFORMATION

Party Requesting Adjournment (circle one): PLAINTIFF / DEFENDANT

Attorney Contacting Court:

Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Adversary's Contact Information:

Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Do you have the consent of all opposing counsel? (circle one)

YES / NO

NOTE: ALL REQUESTS MUST BE RECEIVED BY THE CHAMBERS VIA FAX  
AT (516) 493-3387, **BEFORE 3:00 PM** OF THE PRIOR BUSINESS DAY.

Once an adjournment is agreed to by the Court, as per our Part Rules, a confirming letter to *all sides* must be received by the Court via Fax before 4:00 PM

on the date the adjournment is granted.

*Failure to do so may result in the adjournment request being considered withdrawn, and the currently scheduled adjourn date will remain on the Court calendar.*