

HON. CHERYL A. JOSEPH
REQUEST FOR AN ADJOURNMENT FORM – PART 19

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

Case Name: _____ Index #: _____

Date PC Held: _____ Last Court Appearance: _____

Date on Calendar: _____

Req'd Adj. Dates (at least 3): 1) _____ 2) _____ 3) _____

Number of Prior Adj. Requests for this Conf.: _____

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

Nature of Conference: _____

If Motion, Nature of Relief Sought: _____

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

Contact Info for Attorney contacting Court & party he/she represents: _____

Opposing Counsel/Party: _____

Attorney for the Child: _____