

HON. EDWARD A. MARON, J.S.C.

REQUEST FOR ADJOURNMENT FORM - Part 16

THIS FORM IS REQUIRED FOR ANY AND ALL ADJOURNMENT REQUESTS

THIS FORM MUST BE FILLED OUT COMPLETELY
INCOMPLETE FORMS WILL BE SUMMARILY DENIED

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.

Case Name: _____ **Index No.:** _____

Date on Calendar: _____ **Last Court Date:** _____

Is this request on consent of your adversary and the Attorney for the Child(ren)? YES / NO

Req'd Adj. Dates (At Least 3): 1) _____ 2) _____ 3) _____

Nature of Appearance:

P.C. ____ COMPLIANCE ____ CERTIFICATION ____ PRE-TRIAL ____
HEARING ____ TRIAL ____ MOTION ____
SUBMISSION OF JUDGMENT PACKAGE/NON-COMPLIANCE ____

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

CONTACT INFORMATION

Party making request: PLAINTIFF / DEFENDANT

Attorney contacting Court: _____ **Phone No.:** (____) _____ - _____
Fax No.: (____) _____ - _____

Adversary's Attorney: _____ **Phone No.:** (____) _____ - _____
Fax No.: (____) _____ - _____

Attorney for the Child(ren): _____ **Phone No.:** (____) _____ - _____
Fax No.: (____) _____ - _____

ALL REQUESTS MUST BE RECEIVED VIA FAX [(516) 493-3489] BEFORE 2:00 P.M.

OF THE BUSINESS DAY PRIOR TO THE SCHEDULED COURT DATE

A CONFIRMING LETTER, IN FULL COMPLIANCE WITH THIS PART'S RULES MUST BE RECEIVED
ON THE SAME DATE THE ADJOURNMENT IS GRANTED.