**The Family Court of the State of Delaware**

In and For  New Castle County  Kent County  Sussex County

**MOTION FOR CONTINUANCE**

## Petitioner Respondent

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  | Name |  | File Number |
|  |  |  |  |  |
| Street Address (include Apt) |  | Street Address (include Apt) |  |  |
|  |  |  |  |  |
| P.O. Box Number |  | P.O. Box Number |  | Petition Number |
|  |  |  |  |  |
| City/State/Zip Code |  | City/State/Zip Code |  |  |
|  |  |  |  |  |
| Date of Birth |  | Date of Birth |  |  |
|  |  |  |  |  |
| Attorne Attorney Name |  | A Attorney Name |  |  |
|  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| A PROCEEDING involving | | | |  | | | | | | having been filed in this Court | | |
| on | |  | , Movant hereby moves the Court for a Continuance and, in support thereof, | | | | | | | | | |
| alleges the following facts: | | | | | | | | | | | | |
| 1. | I cannot attend the Court Proceeding scheduled on | | | | |  | | | at | |  | due to: |
|  |  | | | | | | | | | | | |
|  | **Documentation must be attached.** | | | | | | | | | | | |
| 2. | I have contacted the opposing counsel or the opposing party if unrepresented regarding this | | | | | | | | | | | |
|  | continuance request and the following is his or her position: | | | | | | |  | | | | |
|  |  | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
| 3. | This case has been scheduled for a hearing | | | |  | | times previously. | | | | | |

**If you have a conflict with another case in this or any other Court, you need to attach a copy of that notice**. Pursuant to Civil Rule 40, you must also provide the following information:

1. the reasons why the conflict cannot be resolved;
2. the relative importance of the conflicting cases;
3. the relative inconvenience of the parties, witnesses, and other person if a continuance is granted;
4. the dates on which each court scheduled the case and whether the court which created the scheduling conflict was aware that a conflict was being created; and
5. other information which will be helpful to the judicial officer in deciding which of the conflicting matters should take precedence.

|  |  |  |
| --- | --- | --- |
| SWORN TO AND SUBSCRIBED before me this date, |  |  |
|  |  |  |
|  |  | Movant/Attorney |
|  |  |  |
| Clerk of Court/ Notary Public |  |  |

I, the Movant, affirm that a true and correct copy of this Motion was placed in the U.S. Mail on this date

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | , and sent to the other party or attorney at the address listed on the petition, being | | | |
|  | | | | , first class postage pre-paid. |
| SWORN TO AND SUBSCRIBED before me this date, | |  |  | |
|  | |  |  | |
|  | |  | Movant/Attorney | |
|  | |  |  | |
| Clerk of Court/ Notary Public | |  |  | |

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In and For  New Castle County  Kent County  Sussex County

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | ) |  | |
|  | , | ) |  | |
| Petitioner |  | ) | File No.: |  |
| v. |  | ) |  | |
|  |  | ) | Petition No.: |  |
|  | , | ) |  | |
| Respondent |  | ) |  | |
|  |  | ) |  | |
|  |  | ) |  | |

**NOTICE OF MOTION**

TO:

|  |  |
| --- | --- |
| PLEASE TAKE NOTICE that the attached Motion for |  |

is herewith presented to the Court for consideration. If you are opposed to this motion, you must file a written response with the Court within ten (10) days of the service of this motion. If no response is timely filed, the motion may be decided without further opportunity for you to be heard on the matter. Family Court Rules, Rule 7(b)(2).

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Dated: |  |  |
|  |  |  |
|  |  |  |
|  |  | Movant/Attorney |
|  |  |  |
| Name and address of Movant or Attorney |
|  |
| Street Address (including Apt) |
|  |
| P.O. Box Number |
|  |
| City/State/ Zip Code |
|  |

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|  |  |  |  |  |
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|  |  | ) |  | |
|  | , | ) |  | |
| Petitioner |  | ) | File No.: |  |
| v. |  | ) |  | |
|  |  | ) | Petition No.: |  |
|  | , | ) |  | |
| Respondent |  | ) |  | |
|  |  | ) |  | |
|  |  | ) |  | |

**ORDER**

|  |  |
| --- | --- |
| Having considered the request of the movant, | , |

|  |  |
| --- | --- |
| **IT IS SO ORDERED**, this date: |  |

|  |  |
| --- | --- |
|  | |
|  |  |

Judge/Commissioner

**CC**:  Petitioner  Petitioner’s Attorney

Respondent  Respondent’s Attorney

DAG  PD  Fiscal Services  DCSS  FC.Appointed.Attorneys@delaware.gov

Other