

REQUEST FOR ADJOURNMENT FORM - Part 34

HON. JEFFREY A. GOODSTEIN

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

CASE NAME _____ INDEX# _____

RJIDATE: _____ DATE ISSUE JOINED: _____ LAST COURT APPEARANCE: _____

NUMBER OF PRIOR ADJOURNMENTS (OF THIS PARTICULAR EVENT): _____

DATE ON COURT CALENDAR: _____

REQUESTED (at least 3) ADJ. DATES: 1) _____ 2) _____ 3) _____ 4) _____

MOTION, CONFERENCE, OR OTHER _____ IF MOTION, NATURE OF RELIEF SOUGHT _____

REASONS FOR ADJOURNMENT: (Affirmation of Engagement must be attached if applicable)

DISCOVERY COMPLETED (Y/N): _____ WAS N/I FILED?: _____ DATE TO FILE N/I: _____

WERE PARTIES ADVISED OF REQUESTED ADJOURNMENT DATES PRIOR TO REQUEST? _____

ON CONSENT? _____

ATTORNEY REQUESTING ADJOURNMENT:

NAME: _____ PHONE: _____ FAX & EMAIL: _____

ADVERSARY'S CONTACT INFORMATION:

NAME: _____ PHONE: _____ FAX & EMAIL: _____

ATTORNEY'S FOR THE CHILD(REN) INFORMATION:

NAME: _____ PHONE: _____ FAX & EMAIL: _____

ALL REQUESTS MUST BE RECEIVED VIA EMAIL (smaffei@courts.state.ny.us or kcokinos@courts.state.ny.us) OR FACSIMILE (516) 493-3476 BEFORE 2:00PM OF THE BUSINESS DAY PRIOR TO THE SCHEDULED APPEARANCE DATE.

FORWARD A CONFIRMING LETTER TO CHAMBERS
INDICATING THE ADJOURN DATE AND TIME