

HON. LEONARD D. STEINMAN, J.S.C.
REQUEST FOR ADJOURNMENT FORM - Part 27

PRIOR TO MAKING YOUR REQUEST, YOU MUST SEEK THE CONSENT OF YOUR ADVERSARY. ALL REQUESTED ADJOURN DATES MUST BE CONFIRMED WITH YOUR ADVERSARY.

Case Name: _____ Index No.: _____

Date on Calendar: _____ Last court Date: _____

Prior Adjournment Requested: YES/NO

Requested Adj. Dates (At Least 3): 1) _____ 2) _____ 3) _____

Nature of Appearance:

P.C. _____ COMPLIANCE _____ CERTIFICATION _____ PRE-TRIAL _____
HEARING _____ TRIAL _____ MOTION _____ OTHER _____ (describe)

Reason for Adjournment:

CONTACT INFORMATION

Party Making Request: PLAINTIFF / DEFENDANT

Attorney
contacting Court: _____ Phone: () _____
Fax : () _____

Adversary's
Attorney: _____ Phone: () _____
Fax: () _____

I CERTIFY THAT THIS APPLICATION IS ON CONSENT OF MY ADVERSARY:

SIGNATURE/DATE

**ALL REQUESTS MUST BE RECEIVED VIA FAX AT (516) 493-3285 48 HOURS PRIOR TO THE
CONFERENCE OR RETURN DATE OF THE MOTION UNLESS GOOD CAUSE IS SHOWN**