

REQUEST FOR ADJOURNMENT FORM - Part 36

**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@nycourts.gov](mailto:smaffei@nycourts.gov) or [mrharris@nycourts.gov](mailto:mrharris@nycourts.gov)) 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**