

**SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
FAMILY COURT**

PRINT PETITIONER'S/PLAINTIFF'S NAME

PETITIONER/PLAINTIFF,

v.

Case No. _____

PRINT RESPONDENT'S/DEFENDANT'S NAME

Judge _____

RESPONDENT/DEFENDANT.

REQUEST FOR CONTINUANCE

Does the Other Party Consent to this Motion? yes no

I, _____, am the PLAINTIFF/PETITIONER DEFENDANT/RESPONDENT in this case.
PRINT YOUR NAME

1. I respectfully ask this Court to continue the hearing scheduled for _____
DATE OF HEARING

2. I would like this Court to continue the hearing because

3. [YOU MUST GIVE AT LEAST ONE DATE TO WHICH YOU AND THE OTHER PARTY AGREE, EVEN IF THE OTHER PARTY DOES NOT WANT THE CONTINUANCE]

I would like the Court to set the hearing on one of the following dates:

The following new date(s) are agreeable to both the other party and to me, if they are also agreeable to the Court:

AGREEABLE DATE

AGREEABLE DATE

AGREEABLE DATE

I was able to reach the other party or his/her attorney, but s/he refused to agree to a new date. The following dates are agreeable to me, if they are also agreeable to the Court:

AGREEABLE DATE

AGREEABLE DATE

AGREEABLE DATE

I tried but was unable to reach the other party. The following dates are agreeable to me, if they are also agreeable to the Court:

AGREEABLE DATE

AGREEABLE DATE

AGREEABLE DATE

Request for Relief

I RESPECTFULLY REQUEST that the Court grant my Request for Continuance.

I ALSO REQUEST that the Court award any other relief it considers fair and proper.

I Do Do NOT request an oral hearing in front of the judge on this motion.

Respectfully Submitted,

SIGN YOUR NAME

STREET ADDRESS

CITY, STATE AND ZIP CODE

TELEPHONE NUMBER

SUBSTITUTE ADDRESS: CHECK BOX IF YOU HAVE WRITTEN SOMEONE ELSE'S ADDRESS OR PHONE NUMBER BECAUSE YOU FEAR HARASSMENT OR HARM.

POINTS AND AUTHORITIES IN SUPPORT OF MOTION

In support of this Request, I refer to:

1. Super. Ct. Gen. Fam. R. G.
2. The record in this case.
3. The attached supporting document(s), if any.

[LIST ANY DOCUMENTS THAT YOU ARE ATTACHING]

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**RULE 5
CERTIFICATE OF SERVICE**

IF YOU HAVE ALREADY SERVED THE OTHER PARTY, YOU CAN FILL OUT AND FILE THIS CERTIFICATE OF SERVICE ON THE SAME DAY YOU FILE YOUR PAPERS.

IF YOU HAVE NOT ALREADY SERVED THE OTHER PARTY, YOU MUST FILL OUT AND FILE THIS CERTIFICATE OF SERVICE AFTER YOU SERVE THE OTHER PARTY.

I certify that I served a copy of my Request for Continuance to the other party or the other party's attorney on _____.
PRINT DATE OF SERVICE

The papers were delivered [CHECK ONE]

by handing it to the other party

by first class mail to:

PRINT NAME OF PERSON SERVED WITH PAPERS

STREET ADDRESS

CITY, STATE AND ZIP CODE

by fax to:

PRINT NAME OF PERSON SERVED WITH PAPERS

FAX NUMBER

by leaving a copy at the other party's workplace with a clerk or person in charge, or because there was no one in charge, by leaving it in a conspicuous place:

PRINT NAME OF PERSON SERVED WITH PAPERS

STREET ADDRESS

CITY, STATE AND ZIP CODE

by leaving a copy at the other party's home with a person of suitable age and discretion who lives there:

PRINT NAME OF PERSON SERVED WITH PAPERS

STREET ADDRESS

CITY, STATE AND ZIP CODE

SIGN YOUR NAME

DATE