

STATE OF NORTH CAROLINA  
COUNTY OF MECKLENBURG

IN THE GENERAL COURT OF JUSTICE  
COURT DIVISION

CASE NUMBER \_\_\_\_\_

JURY YES ( ) NO ( )

\_\_\_\_\_

PLAINTIFF

VS.

**MOTION FOR CONTINUANCE**

\_\_\_\_\_

DEFENDANT

The undersigned attorney and/or self-represented party requests a continuance or extension of time in the above captioned matter and offer(s) the following information.

Court Event(s) for which Continuance is Requested: \_\_\_\_\_

Date Event is Presently Calendared for Hearing: \_\_\_\_\_

Previous Number of Continuances for this Event: \_\_\_\_\_

Did you file the underlying motion or claim for which you are seeking a continuance?  YES  NO

Please explain the basis or grounds for requesting a continuance. Please include the efforts made to communicate with the opposing Party/Attorney regarding the continuance and any response you received:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requesting Party/Attorney - PRINT NAME / PHONE  
Plaintiff Defendant

Requesting Party/Attorney - SIGNATURE

Attention Opposing Party/Attorney: You must submit any response to this motion no later than two days after the date that the motion for continuance was submitted to the court.

Equitable Distribution Cases **Only**: Moving party must indicate that he or she is aware counsel is requesting a continuance after the first continuance. Your signature below indicates this to be true:

Requesting Party/Attorney - PRINT NAME

Requesting Party/Attorney - SIGNATURE

**Copy to (Note: Opposing Party/Attorney must be noticed prior to submission to the Court):**

Attorney for Plaintiff Defendant \_\_\_\_\_ Date \_\_\_\_\_ By: FAX EMAIL HAND-DELIVERY US MAIL

Attorney for Plaintiff Defendant \_\_\_\_\_ Date \_\_\_\_\_ By: FAX EMAIL HAND-DELIVERY US MAIL