

**STATE OF NORTH CAROLINA**

File No.

In The General Court Of Justice  
Superior Court Division

\_\_\_\_\_ County

Name Of Plaintiff(s)

**VERSUS**

Name Of Defendant(s)

**MOTION AND ORDER FOR CONTINUANCE  
(CIVIL SUPERIOR CASES)**

**INSTRUCTIONS: MOVING PARTY** must complete all information requested below. Copy of completed form must be faxed, mailed or hand delivered to opposing counsel or unrepresented party prior to delivery to **Senior Resident Superior Court Judge or his/her designee**. Upon receipt, **OPPOSING PARTY** must immediately communicate any objections to **Senior Resident Superior Court Judge or his/her designee**.

Previous Number Of Continuances

Date Case Filed

Calendared Trial Date

Opposing Counsel

Copy(ies) Distributed To Opposing Counsel(s)/Party(ies) By

Date

U.S. Mail  Facsimile  Hand Delivery  Atty Box

Reason(s) For Continuance Request (attach additional sheet if necessary)

Requested Reschedule Date Or Carryover Date

Name And Address Of Movant

Has Client(s) Been Notified Of Continuance Request?  
(not applicable if pro se)  Yes  No

Telephone No.

Date Issued

Signature Of Movant

**TO BE COMPLETED BY JUDICIAL SUPPORT STAFF**

Objection(s) Received?  
(Attach written objections)  Yes  No

Date

Case Age:  Less Than 12 Months  12 to 18 Months  
 More Than 18 Months

Total No. Of Cases On Trial Calendar

Current Ranking Of This Case On Trial Calendar

Date Case Set On This Trial Calendar

Attorney input into trial setting?  Yes  No

Ruling:  Denied  Granted

Date Rescheduled

Counsel Notified Of Ruling By

Date

Date

Name Of Senior Resident Superior Court Judge/Designee (Type Or Print)

Signature Of Senior Resident Superior Court Judge/Designee