In the General Court of Justice	File No:	
District Court Division		
STATE OF NORTH CAROLINA	Additional File Notes:	
COUNTY OF MECKLENBURG		
STATE VERSUS		
Name of Defendant	MOTION FOR CONTINUANCE	
Name of Co-Defendant(s), if any		
The undersigned attorney and/or self-represented def above captioned matter and offer(s) the following info	rendant requests a continuance or extension of time in the ormation.	
The EVENT is for:		
□ Track 1 Case □ Track 2 Case		
The EVENT for which a continuance or extension of time is requested is:		
 □ A Pretrial Readiness Conference (PTRC) □ A Case Management Conference (CMCR) □ A Trial 		
Date the above EVENT is Presently Calendared:		
Previous Number of Continuances for this matter:		
For Track 1 Trial:		
This motion is made for GOOD CAUSE for the following	g reason(s):	
 being provided to counsel; Reasonable scheduling conflicts for couns when known in advance, to assign associate, and for the associate counsel to nevent; Unavailability of a witness for trial or other 	ecessary witnesses, with affidavit; days of an event, absent court documentation of notice sel, except the DA and defense counsel shall be requested, ciate counsel for non-trial events, where required by the neet the requirements for preparation for each non-trial er dispositive event;	
 Unavailability of a victim for trial or other event for which the victim has a right to be present and/or heard; and Any other good cause reason as determined by the presiding judge. 		
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For Track 2 Trial:

This request is being made after the PTRC for G	OOD CAUSE,	prior to TRIAL for the following reason(s)
including, but not limited to, illness ☐ Absence or serious illness of counse ☐ Absence of witness more than 100 ☐ Party, leading attorney, or material	or injury; el; miles from the witness in att	ubstantiate a good cause for their absence, e court; rendance is on active duty as a member of National ed States, with our without motion of the parties.
The undersigned certifies the following efforts r continuance and has received the following res		unicate with the opposing Party/Attorney regarding the
Requesting Party/Attorney - PRINT NAME / PHONE □ADA □Defendant Attention Opposing Party/Attorney: You must be		Requesting Party/Attorney - SIGNATURE
date that the motion for continuance was subm Copy to (Note: Opposing Party/Attorney must	nitted to the co	urt.
□ADA □Defendant	Date	By: □FAX □ EMAIL □ HAND-DELIVERY □ US MAIL