



**THERE ARE SIGNIFICANT CHANGES TO THE FORMS AND INSTRUCTIONS BECAUSE OF THE CASE RECORDS PUBLIC ACCESS POLICY OF THE UNIFIED JUDICIAL SYSTEM OF PENNSYLVANIA. THESE CHANGES WERE EFFECTIVE JANUARY 6, 2018. READ THE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE FORMS.**

## **MOTION FOR CONTINUANCE** **INSTRUCTIONS**

*IT IS STRONGLY RECOMMENDED THAT YOU CONSULT AN ATTORNEY*

### **DISCLAIMER**

**THE SELF HELP CENTER STAFF AND THE STAFF IN ANY COURT OFFICE ARE NOT PERMITTED TO GIVE YOU LEGAL ADVICE. THE INFORMATION CONTAINED IN THE SELF-HELP CENTER PACKETS IS NOT A SUBSTITUTE FOR PROFESSIONAL LEGAL ADVICE. THE COURT ASSUMES NO RESPONSIBILITY AND ACCEPTS NO LIABILITY FOR ACTIONS TAKEN BY USERS OF THESE DOCUMENTS, INCLUDING RELIANCE ON THEIR CONTENTS. IF YOU WANT TO OBTAIN THE SERVICES OF AN ATTORNEY BUT DO NOT KNOW WHOM TO CONTACT, YOU MAY CALL THE DAUPHIN COUNTY LAWYER REFERRAL SERVICE AT (717) 232-7536.**

**THIS MOTION FOR CONTINUANCE FORM SHOULD ONLY BE USED FOR CIVIL AND FAMILY MATTERS (EXCEPT FOR PFA HEARING CONTINUANCE REQUEST) THAT ARE FILED IN THE PROTHONOTARY'S OFFICE OR SUPPORT MATTERS FILED IN THE DOMESTIC RELATIONS OFFICE. IF YOU WANT TO RESCHEDULE A PFA HEARING, USE THE MOTION FOR CONTINUANCE OF A PFA HEARING FORMS.**

**DO NOT USE THIS FORM TO RESCHEDULE A CONFERENCE BEFORE A CUSTODY CONFERENCE OFFICER. CONTACT THE COURT ADMINISTRATOR'S OFFICE AT (717) 780-6624 FOR FURTHER INSTRUCTIONS.**

### **ORDER PAGE**

- Complete the name of the case as it appears on other filings and fill in the docket number.

**DO NOT FILL ANY OF THE CHECK BOXES OR THE BLANK LINES ON THE ORDER PAGE.**

- Complete the Distribution section by writing your name and address and the name(s) and address(es) for all attorneys or self-represented parties.

**If this is a custody, divorce, support or paternity case, you are a victim of abuse and the other party is the abuser and you do not want the other party to know your contact information, write "See CIF Abuse Victim Addendum" and complete the Confidential Information Form (CIF) Abuse Victim Addendum. This form is to be filed with the Prothonotary or the Domestic Relations Office and should not be sent to the other party(ies). This contact information will only be available to the Court and Court staff. If you print out the packet from the Self Help Center page of the Dauphin County website, the Confidential Information Form and the Confidential Information Form Abuse Victim Addendum are not included. You must print out these forms in accordance with the instructions appearing on the webpage.**

### **MOTION FOR CONTINUANCE**

- Complete the name of the case as it appears on other filings and fill in the docket number.
1. In paragraph 1, circle whether this request involves a hearing or a conference. Complete the judge's name and date of the hearing or conference.
  2. In paragraph 2, state in detail why you are requesting a continuance and why you need to have the matter rescheduled.

3. To answer paragraph 3, you must contact the attorney for the other party or the self-represented party and inquire as to whether they will agree to a continuance. You then check the appropriate box.

- Sign and print your name and write the date.

File an original and a copy of the Motion for Continuance with the Prothonotary's Office which is located on the first floor of the Dauphin County Courthouse or if it is a Domestic Relations matter, file in the Domestic Relations Office located on the 8<sup>th</sup> floor, 25 South Front Street, Harrisburg, PA.

### **CERTIFICATE OF SERVICE**

You must send a copy of the motion to all attorneys or self-represented parties that are involved with your case. Complete the certificate of service form by writing the date you mailed the motion and proposed order to all other parties/attorneys and their name(s) and address(es) as addressed on the envelope(s).

**IF YOU COMPLETE A CONFIDENTIAL INFORMATION FORM (CIF) ABUSE VICTIM ADDENDUM, DO NOT SEND THE CIF ABUSE VICTIM ADDENDUM TO THE OTHER PARTIES OR ATTORNEYS.**



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## **MOTION FOR CONTINUANCE FORMS**

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\_\_\_\_\_  
Plaintiff

v.

\_\_\_\_\_  
Defendant

: IN THE COURT OF COMMON PLEAS OF  
: DAUPHIN COUNTY, PENNSYLVANIA

: NO. \_\_\_\_\_  
: (Docket Number)

**ORDER**

AND NOW THIS \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

upon consideration of the attached Motion for Continuance, it is hereby ordered as follows:

- Motion for Continuance is GRANTED and the matter is rescheduled from \_\_\_\_\_ to \_\_\_\_\_ at \_\_\_\_\_ m.
- Motion for Continuance is DENIED.

BY THE COURT:

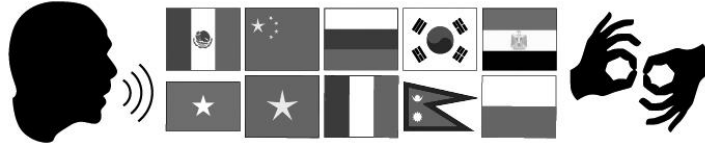
\_\_\_\_\_  
Judge

**Distribution:**

\_\_\_\_\_  
Your name and address or if an abuse victim, write "See CIF Abuse Victim Addendum." See Instructions for more information.

\_\_\_\_\_  
Other Parties or attorneys' names and addresses.

# Notice of Language Rights



Language Access Coordinator  
Dauphin County Court of Common Pleas  
101 Market Street, 3rd Floor Court Administrator's Office  
Harrisburg, PA 17101  
interpreterrequest@dauphinc.org  
(717) 780-6640

**English:** You have the right to an interpreter at no cost to you. To request an interpreter, please inform court staff using the contact information provided at the top of this notice.

**Spanish/Español:** Usted tiene derecho a un intérprete libre de costo. Para solicitar un intérprete favor de informárselo al personal judicial utilizando la información provista en la parte superior de este aviso.

**Mandarin/Cantonese Simplified Chinese/普通话/粤语简体中文:** 您有权获得免费的口译员服务。若需要口译员，请使用本通知上方提供的联系信息通知法院工作人员。

**Mandarin/Cantonese Traditional Chinese/普通話/廣東話繁體中文:** 您有權要求免費傳譯服務。如欲要求傳譯服務，請參閱本通知頂部的聯絡資料，通知法庭職員。

**العربية/Arabic:** يحق لك الحصول على مترجم دون دفع أي تكلفة من جانبك. اطلب مترجم، يُرجى إعلام موظفي المحكمة باستخدام معلومات الاتصال المقدمة في الجزء العلوي من هذا الإشعار.

**Russian/Русский:** У вас есть право на бесплатные услуги переводчика. Заявка на переводчика подается в суд по адресу, телефону или эл. почте, указанным выше в заголовке этого уведомления.

**Vietnamese/Tiếng Việt:** Quý vị có quyền được một thông dịch viên giúp mà không tốn chi phí nào cả, xin hãy báo cho nhân viên tòa án dùng thông tin liên lạc có ở trên đầu thông báo này.

**Nepali/नेपाली:** तपाईंको निःशुल्क रूपमा भाषा अनुवादक राख्न पाउने अधिकार छ। अनुवादकको लागि अनुरोध गर्न, यस सूचनाको माथि दिइएको सम्पर्क जानकारी भरेर अदालतका कर्मचारीहरूलाई जानकारी दिनुहोस्।

**Korean/한국어:** 귀하는 비용에 대한 부담 없이 통역 서비스를 받을 권리가 있습니다. 통역 서비스를 요청하려면 본 통지서의 상단에 기재된 연락처를 통해 법원 직원에게 알리십시오.

**Polish/Polski:** Ma Pan/Pani prawo do nieodpłatnego skorzystania z usług tłumacza ustnego. Aby zwrócić się o wsparcie ze strony tłumacza ustnego, proszę skontaktować się z pracownikami sądu, korzystając z danych znajdujących się w górnej części niniejszego dokumentu.

**Pakistan/پنجابی/Punjabi:** تہاڈے کول بغیر ادائیگی کیتیاں اک مترجم حاصل کرن دا حق اے۔ مترجم دی درخواست کرن لئی، میربانی کر کے ایس نوٹس دے اوتے فراہم کیتیاں رابطے دیاں معلومات نوں ورتدیاں عدالت دے عملے نوں اطلاع دوو۔

**Punjabi/ਪੰਜਾਬੀ/India:** ਤੁਹਾਨੂੰ ਇਕ ਦੁਭਾਸ਼ੀਆ ਹਾਸਲ ਕਰਨ ਦਾ ਹੱਕ ਹੈ, ਜਿਸ ਦੀ ਤੁਹਾਨੂੰ ਕੋਈ ਲਾਗਤ ਨਹੀਂ ਲੱਗੇਗੀ। ਦੁਭਾਸ਼ੀਏ ਲਈ ਬੇਨਤੀ ਕਰਨ ਵਾਸਤੇ, ਕਿਰਪਾ ਕਰ ਕੇ ਅਦਾਲਤ ਦੇ ਅਮਲੇ ਨੂੰ ਜਾਣੂ ਕਰਵਾਓ ਤੇ ਇਸ ਲਈ ਇਸ ਨੋਟਿਸ ਦੇ ਸਿਖਰ ਉਤੇ ਦਿੱਤੀ ਸੰਪਰਕ ਜਾਣਕਾਰੀ ਦਾ ਇਸਤੇਮਾਲ ਕਰੋ।

**Portuguese/Português:** Você tem direito a um intérprete gratuitamente. Para solicitar um intérprete, informe à nossa equipe usando os dados de contato mostrados na parte superior deste aviso.

**Somali/Somaali:** Waxaad xaq u leedahay in lagu turjumo lacag la'aan ah. Si aad u codsato turjumaanka, fadlan u sheeg maxkamadda shaqaalaha adiga oo isticmaala macluumaadka ciwaanka kor lagu siiyay ee ogeysiiskaan.

**Haitian Creole/Kreyòl Avisyen:** Ou gen dwa resevwa sèvis yon entèprèt gratis. Pou mande pou yon entèprèt, tanpri fè manm pèsònèl tribinal la konnen lè ou sèvi avèk enfòmasyon an yo te bay ou nan tèt avi sa a.

**French/Français :** Vous avez le droit de bénéficier gratuitement de l'assistance d'un interprète. Pour en faire la demande, veuillez en informer le personnel du tribunal à l'aide des coordonnées indiquées en haut de page.

\_\_\_\_\_  
Plaintiff

v.

\_\_\_\_\_  
Defendant

: IN THE COURT OF COMMON PLEAS  
: DAUPHIN COUNTY, PENNSYLVANIA

: NO. \_\_\_\_\_  
: (Docket Number)

**MOTION FOR CONTINUANCE FOR ALL MATTERS EXCEPT FOR PROTECTION  
FROM ABUSE HEARINGS**

Do not use to request to re-schedule a conference before a Custody Conference Officer. Contact Court Administrator's Office for further instructions at (717) 780-6624.

AND NOW COMES \_\_\_\_\_ who files this Motion for  
(Your Name)

Continuance and alleges as follows:

1. A (circle one) hearing or conference is scheduled before the Honorable

\_\_\_\_\_ on

\_\_\_\_\_.

2. I request that the (circle one) hearing or conference be continued and  
rescheduled for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

3. I contacted the opposing counsel or self-represented party(ies) and they
- Agree to the continuance.
  - Do not agree to the continuance.
  - I have not been able to reach the opposing counsel or self-represented party.

Wherefore, I request the court to grant this motion for continuance and reschedule the matter.

I verify that the statements made in the Motion for Continuance are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 relating to unsworn falsification to authorities.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Your Signature)

\_\_\_\_\_  
Print Name

**CERTIFICATION**

I, \_\_\_\_\_, certify that this Motion for Continuance complies with the provisions of the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania* that require filing confidential information and documents differently than non-confidential information and documents.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Your Signature)

\_\_\_\_\_  
Print Name



**CERTIFICATE OF SERVICE**

I, \_\_\_\_\_, hereby certify that a true and correct copy of the foregoing Motion for Continuance was mailed by first-class mail, on this date, addressed as follows:

Your Name

\_\_\_\_\_  
(Names and addresses of all attorneys and/or self-represented parties involved in your case)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Your Signature