

IN THE COURT OF COMMON PLEAS OF DELAWARE COUNTY, PENNSYLVANIA  
OFFICE OF THE COURT ADMINISTRATOR

Application for Continuance

*For Electronic Filing only*

\_\_\_\_\_ : No. \_\_\_\_\_  
v. \_\_\_\_\_ : Current Hearing Date: \_\_\_\_\_  
\_\_\_\_\_ : Time: \_\_\_\_\_

ARBITRATION

LICENSE SUSPENSION APPEAL

MISCELLANEOUS MOTION HEARING LIST

*If you have a conflict due to another trial/hearing, please list case name, court term number, County and Judge. All non-Court conflicts shall be specifically stated as to circumstances.*

Reason for Continuance: \_\_\_\_\_

PLEASE CHECK ALL BOXES THAT APPLY

I have contacted all represented/self-represented parties who  Approve of this continuance.

This continuance requested by:  Attorney for Plaintiff  Self-Represented Plaintiff  
 Attorney for Defendant  Self-Represented Defendant

This continuance is opposed by:  Attorney for Plaintiff  Self-Represented Plaintiff  
 Attorney for Defendant  Self-Represented Defendant

I, the undersigned, do hereby request the Court to grant a continuance in the above referenced case and agree to the new date and time. I certify that upon receipt of this application from the Court, I will notify all represented/self-represented parties of the new hearing date and time.

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

FOR OFFICIAL USE ONLY

New Hearing Date: \_\_\_\_\_ Time: \_\_\_\_\_  AM  PM

**MUST BE TRIED** – No further continuances unless granted by Judge

The Office of the Court Administrator recommends:  Approval  Disapproval

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Disapproved because: \_\_\_\_\_

Application for Continuance is:  Approved  Disapproved

Judge: \_\_\_\_\_ Date: \_\_\_\_\_

Disapproved because: \_\_\_\_\_