

## **INSTRUCTIONS: MOTION FOR CONTINUANCE**

### **DISCLAIMER**

*IT IS STRONGLY RECOMMENDED THAT YOU CONSULT AN ATTORNEY*

THE CLEARFIELD COUNTY COURTHOUSE STAFF ARE NOT PERMITTED TO GIVE YOU LEGAL ADVICE OR HELP IN FILLING OUT OR COMPLETING ANY LEGAL FORMS THAT MAY BE AVAILABLE. THE INFORMATION PROVIDED IN THE FOLLOWING FORM IS NOT A SUBSTITUTE FOR PROFESSIONAL LEGAL ADVICE. THE COURT ASSUMES NO RESPONSIBILITY AND ACCEPTS NO LIABILITY FOR ACTIONS TAKEN BY USERS OF THIS DOCUMENT, INCLUDING RELIANCE ON ITS' CONTENTS.

**THIS MOTION FOR CONTINUANCE FORM SHOULD ONLY BE USED FOR CIVIL OR FAMILY MATTERS THAT ARE FILED IN THE PROTHONOTARY'S OFFICE.**

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

1. On the Motion for Continuance, complete the case caption (plaintiff and defendant) EXACTLY as it appears on other filings for this case and fill in the docket number.
2. In paragraph 2, state in detail why you are requesting a continuance and why you need to have this matter rescheduled.
3. To answer paragraph 3, you must contact the attorney for the other party or the 'pro se' party (any named party in the case who does not have an attorney of record) and inquire as to whether they will agree to a continuance. You then check the appropriate box.
4. You **must** sign your name and the date and include your current address and telephone number.

File an **original and two (2) copies** of this Motion for Continuance with the Prothonotary's Office which is located on the first floor of the Clearfield County Courthouse.

IN THE COURT OF COMMON PLEAS, CLEARFIELD COUNTY, PENNSYLVANIA  
CIVIL DIVISION

\_\_\_\_\_  
Plaintiff(s) : NO. \_\_\_\_ - \_\_\_\_ -CD  
vs. :  
\_\_\_\_\_  
Defendant(s) :

**MOTION FOR CONTINUANCE**

AND NOW COMES \_\_\_\_\_ who files this Motion for Continuance and  
(Your Name)  
alleges as follows:

1. A (circle one) HEARING or CONFERENCE is scheduled on \_\_\_\_\_.
2. I request that the (circle one) HEARING or CONFERENCE be continued and rescheduled for the following reasons: \_\_\_\_\_.
3. **As required**, I have contacted the opposing counsel or **self-represented [pro-se]** party(s) and they  
 Agree to the continuance.  
 Do not agree to the continuance.  
 I have not been able to reach the opposing counsel or pro se party.

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

**VERIFICATION**

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

*CURRENT ADDRESS* \_\_\_\_\_

*TELEPHONE NO.* \_\_\_\_\_

IN THE COURT OF COMMON PLEAS, CLEARFIELD COUNTY, PENNSYLVANIA  
CIVIL DIVISION

*Court Administration will complete the following information:*

**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 for  
\_\_\_\_\_, 20\_\_, in \_\_\_\_\_  
of the Clearfield County Courthouse. 230 East Market Street, Clearfield, PA, 16830.

Motion for Continuance is DENIED.

If you fail to appear as provided by this order, an order for custody, partial custody or visitation may be entered against you or the court may issue a warrant for your arrest.

BY THE COURT:

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

\_\_\_\_\_  
JUDGE

.....  
**AMERICANS WITH DISABILITIES ACT OF 1990**

The Court of Common Pleas of Clearfield County is required by law to comply with the Americans with Disabilities Act of 1990. For information about accessible facilities and reasonable accommodations available to disabled individuals having business before the court, please contact our office. All arrangements must be made at least 72 hours prior to any hearing or business before the court. You must attend the scheduled conference or hearing.

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA  
CIVIL DIVISION

\_\_\_\_\_  
Plaintiff(s)  
vs. \_\_\_\_\_  
Defendant(s)

NO. \_\_\_\_\_-\_\_\_\_\_-CD

**CERTIFICATE OF SERVICE\***

AND NOW, on the date stated below, I, \_\_\_\_\_,  
hereby certify that I this day served the foregoing ***‘Motion for Continuance’*** and  
***‘Scheduling Order’*** by:

\_\_\_\_ Personally hand delivering to the (opposing party) (opposing attorney) at this  
address: \_\_\_\_\_

\_\_\_\_ Depositing a copy of the same via United States mail, first class, postage prepaid,  
at \_\_\_\_\_  
(name of post office) ,

\_\_\_\_ Hiring Constable \_\_\_\_\_, who has provided me with proof  
of service (see attached)

The document(s) were addressed to the following:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street / PO Box)

\_\_\_\_\_  
(City / State)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

- \* ***Document must be signed, dated, and filed with the Prothonotary.***
- \*\* ***Green ‘Return Receipt’ card, with recipient’s signature, must be attached to this document.***