



**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 FOR  
CUSTODY PROCEEDINGS  
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.**

## **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 checkboxes or the blank lines in the body of the order.
- 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 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 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 Motion for Continuance for Custody Proceedings packet from the Self Help Center page of the Dauphin County website, the CIF Abuse Victim Addendum is not included. You must print out this form 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.

## **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 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** **FOR CUSTODY PROCEEDINGS**

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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. **The parties agree to waive the time frames set forth in Pennsylvania Rule of Civil Procedure 1915.4.**

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.

\_\_\_\_\_  
Plaintiff

v.

\_\_\_\_\_  
Defendant

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

:  
:  
:  
:  
:  
:  
:

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

**MOTION FOR CONTINUANCE FOR CUSTODY PROCEEDINGS**

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 and agree to waive the time frames set forth in Pennsylvania Rule of Civil Procedure 1915.4.
  - 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  
  Your Name  
correct copy of the foregoing Motion for Continuance was mailed by first-class mail, on  
this date, addressed as follows:

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

\_\_\_\_\_  
Date

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