

**HON. MARGARET C. REILLY, SURROGATE
REQUEST FOR ADJOURNMENT FORM**

THIS FORM MUST BE FILLED OUT COMPLETELY
INCOMPLETE FORMS WILL BE DISREGARDED

Has the Court obtained jurisdiction over all parties? (Y/N): ____
If NO, please stop here and contact Clerk of the appropriate department.

Date of Adjournment Request: _____ Time of Adjournment Request: _____
Name of Proceeding: _____
Type of Proceeding: _____
File Number: _____
Date Proceeding was Filed: _____
Discovery Completed (Y/N): ____ Was N/I Filed? ____ Date N/I to be filed: _____

ALL REQUESTS MUST BE ON CONSENT AND ALL REQUESTED ADJOURN
DATES MUST BE CONFIRMED WITH ALL PARTIES WHO HAVE APPEARED
PRIOR TO MAKING THE REQUEST

Nature of Conference: _____
If Motion, Nature of Relief Sought: _____
Reason for Adjournment (Affirmation of Actual Engagement must be attached if applicable):

Number of Previous Adjournments: _____
Date on Calendar: _____
Last Court Appearance: _____
Requested Adjournment Dates (At Least 3):
1) _____ 2) _____ 3) _____
Have all parties consented to adjournment? (Y/N): ____

Contact Information:

Attorney contacting Court and who attorney represents: _____

Person Making Request: _____	Phone No.: _____
	Email or Fax No.: _____
Other Parties: _____	Phone No.: _____
	Email or Fax No.: _____
_____	Phone No.: _____
	Email or Fax No.: _____
_____	Phone No.: _____
	Email or Fax No.: _____

**ALL REQUESTS MUST BE RECEIVED VIA EMAIL BEFORE 2:00 P.M. OF THE
BUSINESS DAY PRIOR TO THE CONFERENCE OR CALENDAR DATE**
EMAIL THIS FORM TO:

NASSAUSUR.CALENDAR@NYCOURTS.GOV