

**CHESTERFIELD JUVENILE AND DOMESTIC RELATIONS DISTRICT COURT  
12<sup>TH</sup> JUDICIAL DISTRICT**

**CONTINUANCE REQUEST FORM**

**TO REQUEST A CONTINUANCE:**

- Complete this form.
- Have **ALL** parties involved sign the form.
- Submit the form to the Clerk's Office.
- Upon notification by the Court (continuance not granted or new continuance date), it is the **MOVING PARTY'S** responsibility to notify **all** involved in the case, to include probation officers, social workers, CASA volunteers, attorneys, guardian *ad litem*s, etc.

**Current Hearing Date/Time:** \_\_\_\_\_ / \_\_\_\_\_  
(If 2 business days or less away, request will not be seen in advance)

**Judge:** \_\_\_\_\_

**Name of Case:** \_\_\_\_\_

**Case #:** \_\_\_\_\_

**Continuance is by:**     Joint Motion  
                                   Individual Request

**Moving Party's Name:** \_\_\_\_\_ **Cell/Home Phone:** \_\_\_\_\_

(If Joint Motion, Identify Responsible Party to be notified of Court's Decision)

**Fax:** \_\_\_\_\_

**Moving Party's E-mail Address if we may contact you via e-mail:** \_\_\_\_\_

**Is defendant being held?**     Yes     No

**Are there companion cases?**     Yes (if yes, list)     No

**Companion cases:** \_\_\_\_\_

**Do witnesses need to be subpoenaed by the Clerk's Office if continuance is granted?**     Yes     No

(If yes, provide names & addresses on separate DC-325 and attach)

**Reason for request:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Attorneys:**

\_\_\_\_\_ for \_\_\_\_\_  
\_\_\_\_\_ for \_\_\_\_\_  
\_\_\_\_\_ for \_\_\_\_\_  
\_\_\_\_\_ for \_\_\_\_\_  
\_\_\_\_\_ for \_\_\_\_\_

If you are *pro se* (i.e. not represented by an attorney), please check here and list all other parties involved in your case: \_\_\_\_\_

**If there are NO objections to continuance, check here**

**Continuance is objected to by:** \_\_\_\_\_ **Hearing Requested?**     Yes     No

**Available dates agreeable to all parties and Court docket:**

\_\_\_\_\_  
\_\_\_\_\_

**Number of prior continuances:** \_\_\_\_\_ **Requested by/Reason:** \_\_\_\_\_

**Signatures of all attorneys (or parties, if self represented):**

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_      SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_      SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_      SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

.....  
**FOR COURT USE**

- Continuance Denied
- Continuance Granted, Docket New Date
- Hearing Ordered on Motion to Continue, Docket Hearing

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

**New Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Requesting Party Notified on date:** \_\_\_\_\_  
Via  Fax  Phone  Summons  Mail  E-mail

**Clerk's Initials:** \_\_\_\_\_