

**STATE OF NORTH CAROLINA  
COUNTY OF CUMBERLAND**

File Number

J

IN THE GENERAL COURT OF JUSTICE  
DISTRICT COURT DIVISION

IN THE MATTER OF

*NAME OF JUVENILE*

**JUVENILE CIVIL CASE  
MOTION AND ORDER  
FOR CONTINUANCE**  
 SPECIAL SESSION

*Cumberland County Juvenile Rules*

**Indicate Nature of Petition:**

- Neglect  Abuse  
 Dependency

**Trial Date:**

**Name of Juvenile Case Manager:**

**Instructions:** All motions to continue must be made in writing. **Motions made prior to court session:** Serve opposing parties and present to juvenile case manager. **Motions made in open court:** Complete the certification and present to court at calendar call.

**REQUEST TO CONTINUE**

**The undersigned attorney requests a continuance in this action based upon the following reason(s):**

Indicate **with particularity** the reason for request:

*Requested Reschedule Date:*

Consented to by all parties

*No. of previous continuances*

- All opposing party(ies) have provided the moving party with consent to this motion.

Date	Name of Movant	Address and Telephone Number
<input type="checkbox"/> Attorney for _____		<input type="checkbox"/> Unrepresented Party

**CERTIFICATION OF SERVICE**

Copy of this Notice distributed to the Juvenile Case Manager and served on the following parties: *(provide Name and Address of all parties)*

*Indicate method of service to opposing parties*

- US Mail  Facsimile  Hand Delivery

**CERTIFICATION OF COUNSEL FOR MOTION MADE IN OPEN COURT**

The movant certifies that this continuance request is for extraordinary circumstances that were not foreseen, and that there was not sufficient time for filing and serving a written motion on opposing parties prior to the opening of court.

(PRESENT THIS WRITTEN MOTION IN OPEN COURT)

*Name of Movant:*

**ORDER**

**Cumberland County Family Court • Suite 211 • P.O. Box 363, Fayetteville, NC 28302 • Telephone : 910.475.3012**

**NOTICE: ALL COUNSEL /PARTIES HAVE A CONTINUING OBLIGATION TO NOTIFY THI SOFFICE OF ANY CORRECTION/DELETION OF COUNSEL**

**PART B/FOR OFFICE USE ONLY  
DO NOT WRITE IN THIS SPACE**

*Objection(s) received*

- no  yes *(attach written objections)*

Date Rescheduled

Ruling  
 Denied  Granted

Date

Assigned Juvenile Court Judge/ Chief District Court Judge

**ALL REQUESTS FOR CONTINUANCES MUST BE IN COMPLAIANCE WITH LOCAL RULES**