

COUNTY of BLAIR

DOMESTIC RELATIONS SECTION

		Civil Continu	uance Request Docket#	
Plaintiff		}	} Case ID	
VS.		} (Case	Manager or Judge)	
	endant	} }	of Conference/Hearing Time	
	Reason for request (attach extra sheet if necessary):			
2)	Number of prior continuances by plaintiff: by defendant:			
3)	Requesting Party:			
	(Print Name)	, counsel for (Client Name)		
	(Sign Name)			
4)	Opposing Counsel:			
	(Print Name)	Agrees 🗆	Objects □ - to the request.	
	(Sign Name)	Reason for objecting:		
	(Jigh Name)			
If no contact with other party/counsel, please provide reason:			ide reason:	

	AND NOW, on this	day of	the above civil continuance request is	
30	Antro/Denied, ar	nd if applicable, hearing	ng on this matter is set for the day of	
			BY THE COURT:	
			Judge	