

**STATE OF NORTH CAROLINA**

File No.

**COUNTY OF CUMBERLAND**

IN THE GENERAL COURT OF JUSTICE  
 SUPERIOR  DISTRICT COURT DIVISION

Name Plaintiff

**MOTION FOR CONTINUANCE**

**vs.**

Motion Hearing  Trial  
 Arbitration Hearing (District Court)

Name Defendant

Cumberland County Local Rule 9

Present Trial Date

Number of previous continuances

Date Case Filed

**NOTICE TO THE TRIAL COURT ADMINISTRATOR**

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 by all parties

All opposing counsel/ party(ies) have provided the moving party with consent to the motion

Date

Name of Movant

Address and Telephone Number

Attorney for Plaintiff  Attorney for Defendant  Unrepresented Party

Copy of this Notice distributed to: (Provide Name and Address of all parties)

Indicate method of service to opposing parties

US Mail  Facsimile  Hand Delivery

**NOTICE:** All counsel/ parties have a continuing obligation to notify this office of any correction/addition/deletion of counsel.

**PART B [For Official Use Only]**

**DO NOT WRITE IN THIS SPACE**

Objection(s) received

no  yes (attach written objections)

Date Motion Received:

File Date:

No. Previous Continuances

Ruling

Denied  Granted

Date Rescheduled

Date

Trial Court Administrator

**ALL REQUESTS FOR A CONTINUANCE MUST BE IN COMPLIANCE WITH LOCAL RULES**