

Henrico Juvenile and Domestic Relations District Court  
Continuance Request Form

Name of Case: \_\_\_\_\_ Case #: \_\_\_\_\_

Judge: \_\_\_\_\_ Date of Trial: \_\_\_\_\_ Time: \_\_\_\_\_

Requesting Party's Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

Case Status: ☐ Preliminary ☐ Arraignment ☐ Trial ☐ Disposition ☐ Other \_\_\_\_\_

Is defendant being held? ☐ Yes ☐ No Number of prior continuances: \_\_\_\_\_

Companion cases: ☐ Yes ☐ No Names: \_\_\_\_\_

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

Attorneys: \_\_\_\_\_ for \_\_\_\_\_

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

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

Pro Se: \_\_\_\_\_ Pro Se: \_\_\_\_\_

Continuance is by: ☐ Joint Motion  
☐ Individual Request **AND** have made effort to contact other party via ☐ Text ☐ Phone ☐ Email  
☐ Individual Request due to ACTIVE PROTECTIVE ORDER

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

Available dates agreeable to all parties and Court docket: \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE \_\_\_\_\_ PHONE/EMAIL \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE \_\_\_\_\_ PHONE/EMAIL \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE \_\_\_\_\_ PHONE/EMAIL \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE \_\_\_\_\_ PHONE/EMAIL \_\_\_\_\_

☐ I certify that a copy has been sent to counsel of record, if any, and/or to any parties not represented by a lawyer if no protective order is in place.

\_\_\_\_\_  
*Your signature*

\_\_\_\_\_  
*Date*

**FOR COURT USE ONLY:**

☐ Continuance denied ☐ Continuance granted, docket new date  
☐ Hearing ordered on motion to continue, docket hearing with: ☐ Appearances required ☐ No appearances required

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

New date: \_\_\_\_\_ Time: \_\_\_\_\_

Requesting party notified: Date: \_\_\_\_\_

By: ☐ FAX ☐ Phone ☐ Email ☐ In person

Clerk \_\_\_\_\_

## INSTRUCTIONS FOR CONTINUANCE REQUEST

1. This form must be completed in its entirety.
2. ALL parties must sign the form unless a valid protective order from any jurisdiction is in effect
3. All requests should be submitted as early as possible, but no later than **\*3 business days** prior to the court date
4. Fully completed form may be submitted to the Clerk's office via:

**Fax:** (804) 501-4756

**Mail:** P.O. Box 90775

Henrico, VA 23273

**In person:** 4201 E. Parham Road

Henrico, VA 23228

Mon-Fri 8am-4pm

5. The Clerk's office will notify the REQUESTING party. The requesting party then shall notice all other parties to the case.

**\*Only a Judge may grant a continuance and excuse appearances. If no decision has been rendered by a judge, the Clerk's office will be unable to advise whether you must appear.**