

ARBITRATION CONTINUANCE REQUEST

PLAINTIFF:

\_\_\_\_\_

CASE NO.

VS.

\_\_\_\_\_
This case is presently scheduled
for date of hearing:

DEFENDANT:

\_\_\_\_\_

When requesting a continuance, please complete ITEM#1 AND ITEM #2 entirely and
return the form to the Court Administrator's Office.

1. REASON FOR REQUEST (USE REVERSE SIDE, IF NEEDED)
Number of Continuances:

2. You must contact the other litigant(s) and supply the Court
Administrator's Office with the information below.

LITIGANT(S) REQUESTING CONTINUANCE: \_\_\_\_\_
(PRINT YOUR NAME)

LITIGANT(S) NOT REQUESTING CONTINUANCE

AGREES WITH \_\_\_\_\_ THE REQUEST

OBJECTS TO \_\_\_\_\_ THE REQUEST

REASON FOR \_\_\_\_\_

(USE REVERSE SIDE, IF NEEDED)

NEW DATE AGREED UPON BY ALL LITIGANTS (DO NOT INCLUDE ARBITRATORS)

SEND THE COMPLETED ORIGINAL OF THIS FORM TO: COURT ADMINISTRATOR'S OFFICE
102 S. ALLEGHENY ST., RM 103
BELLEFONTE, PA 16823
Attn: Stacey Riling
FAX TO: 814-355-6707
OR [sjriling@centrecountypa.gov](mailto:sjriling@centrecountypa.gov)

\_\_\_\_\_
SIGNATURE OF REQUESTING PARTY