

STATE OF VERMONT

SUPERIOR COURT

Unit

FAMILY DIVISION

Docket No.

Plaintiff Name		Defendant Name
	v.	

MOTION TO CONTINUE COURT HEARING

1. I am the  
☐ Plaintiff  
☐ Plaintiff's attorney  
☐ Defendant  
☐ Defendant's attorney
2. I request a continuance of a court hearing scheduled on \_\_\_\_\_ at \_\_\_\_\_ ☐ AM ☐ PM.  

date of hearing                      time
3. I received a notice from the court about this hearing on \_\_\_\_\_.  

date
4. The reason for this request is: *(check the reason that applies)*  
☐ Conflicting Court Dates: the date and/or time of this hearing conflicts with another scheduled court appearance.  
Date and time of conflicting court appearance: \_\_\_\_\_ at \_\_\_\_\_ ☐ AM ☐ PM.  

date of hearing                      time

  
Name of Court: \_\_\_\_\_  
I have filed a continuance request in that court: ☐ Yes ☐ No  
☐ Other Scheduling Conflict for myself or my client: *(please describe)*  
\_\_\_\_\_  
\_\_\_\_\_  
**Attorneys Please Note: If conflict is dues to a previously scheduled vacation, please note whether the Court was informed of your vacation plans and, if so, when you provided notice.**  
☐ Witness Unavailability: a witness I intend to call at this hearing is not available at the time of the hearing.  
Name of Witness: \_\_\_\_\_  
Residence: \_\_\_\_\_  
Relationship to case (e.g. arresting officer): \_\_\_\_\_  
Substance of Testimony: \_\_\_\_\_  
\_\_\_\_\_  
Date on which witness notified of hearing date: \_\_\_\_\_  
Date on which you were notified of scheduling problem: \_\_\_\_\_  
Reason for unavailability: \_\_\_\_\_  
**If there is illness, this motion must be accompanied by an affidavit of a physician.**  
**See V.R.C.P. 40(d)(2).**

- ☐ Litigant or Attorney Illness: *(please describe)*

\_\_\_\_\_  
\_\_\_\_\_  
**Please Note: you may be required by the Court to document that you are unable to attend the hearing because of your illness. You may be required to file a letter from a doctor or other medical provider.**

- ☐ A report necessary for this hearing has not been completed. *(please explain)*

- \_\_\_\_\_  
\_\_\_\_\_  
☐ Other reason for the request not listed above: *(please describe)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Contact with other party/parties about this request:

- ☐ I have contacted the other party/parties or their attorneys and

☐ my request is NOT opposed

☐ my request is opposed

- ☐ I have not contacted the other party/parties or their attorneys about this request.

*Please state reason for not contacting other party/parties or their attorneys:*

\_\_\_\_\_  
\_\_\_\_\_

**Note: If you have not made a good faith attempt to contact the other side regarding your motion and you do not have good cause for failing to do so, your motion may be denied.**

Date

\_\_\_\_\_

\_\_\_\_\_  
Signature