

# CIRCUIT COURT FOR HOWARD COUNTY

9250 Judicial Way, Ellicott City MD 21043



STATE OF MARYLAND

Case No. \_\_\_\_\_

OR

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Email

## MOTION FOR POSTPONEMENT

It is requested that the following event: \_\_\_\_\_ scheduled for \_\_\_\_\_  
be postponed for the following reason(s): \_\_\_\_\_

The Defendant  is  is not incarcerated.

The Plaintiff  is  is not incarcerated.

Date could not be provided by Calendar Management as case would be beyond Case Time Standards.

\*\*\*The postponement policy requires the position of all parties and a reset date\*\*\*

I have  I have not spoken to opposing counsel/party whose name and telephone number are: \_\_\_\_\_

He/she  opposes  agrees/consents to this request.  I have attached proof of consent (i.e. email, screenshot, text message) Counsel/opposing party and I agreed to a date of: \_\_\_\_\_

I am the  Plaintiff  Defendant  Other – Specify: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name – Printed

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
City                      State                      Zip

## CERTIFICATE OF SERVICE

I certify that I served a copy of this Request for Postponement upon the following party or parties by mailing first class, postage prepaid, on \_\_\_\_\_ to:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Party Serving