 The Family Court of the State of Delaware

In and For [ ]  New Castle [ ]  Kent [ ]  Sussex County

**REQUEST FOR CONTINUANCE OF MEDIATION**

 *Petitioner v. Respondent*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name & Telephone# |  | Name & Telephone# |  | File Number |
|       |  |        |  |  |
|  Attorney Name & Telephone# |  |  Attorney Name & Telephone# |  |       |
|        |  |         |  |  |
|  |  |  |  |  |
| *2nd Petitioner (if any)* |  |  *2nd Respondent (if any)* |  | Case Number |
| Name & Telephone# |  | Name & Telephone# |  |  |
|       |  |        |  |       |
|  Attorney Name & Telephone# |  | Attorney Name & Telephone#  |  |  |
|         |  |         |  |  |

|  |  |
| --- | --- |
| Type of Petition: |       |
|  |  |
| Mediator: |       |
|  |  |
| Date/time scheduled: |       |

**To request a continuance of a scheduled mediation, all of the requested information below must be completed and sent to the appropriate mediator in a timely manner prior to the mediation conference. The mediator will then determine whether the request is granted or denied.**

|  |  |
| --- | --- |
| The original filing date of the petition: |       |
|  |  |
| The position of the opposing party regarding the continuance request: | [ ]  Agrees [ ]  Disagrees |
|  |  |
| The number of times the case has been scheduled: |       |
|  |  |
| The reason the request is being made (documentation attached): |  |
|       |
|       |
|       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date |  | Requestor Print Name |  | Requestor Signature |

CONTINUANCE IS [ ]  GRANTED [ ]  DENIED and parties have been notified.

|  |  |
| --- | --- |
| NOTES:  |       |
|  |       |
|  |       |

|  |  |  |
| --- | --- | --- |
| Date |  | Mediator |

I, the Movant, affirm that a true and correct copy of this Request was placed in the U.S. Mail on this date

|  |  |
| --- | --- |
|       | , and sent to the other party or attorney at the address listed on the petition, being |
|       | , first class postage pre-paid. |
| SWORN TO AND SUBSCRIBED |  |  |
| before me this date, |  |  |
|  |  |  |
|  |  |  |
|  |  | Movant/Attorney |
|  |  |  |
| Clerk of Court/ Notary Public |  |  |