

Request for Continuance (DCSE cases only)

DCSE# _____

Or Social Security #: _____

Custodial Parent Name: _____

Address: (if known) _____

Phone Number: _____

Non Custodial Parent Name: _____

Address: (if known) _____

Phone Number: _____

Date and time of Hearing: _____

Court Room#: _____

Request for Continuance Request to be excused from hearing
(For Custodial Parents only)

Reason: _____

If matter is continued, please provide avoid dates for the next four months.

Name of Requesting Party: printed: _____

Signature: _____

_____ **Date of Request:** _____

Attach all documentation that supports the reason for you request.

Fax this form and all documentation to:

Office of the Attorney General (804) 819-7121

and to the VB Juvenile and Domestic Relations District Court (757) 385-5683