

**COMPULSORY ARBITRATION MOTION PRACTICE
CONTINUANCE & DEFERRAL APPLICATION**

<p>MOTION MUST BE ELECTRONICALLY FILED AFTER EXPIRATION OF RESPONSE PERIOD (SEE INSTRUCTIONS).</p> <p>LIST ALL COURT TERMS AND NUMBERS OF CONSOLIDATED CASES IN SPACE DIRECTLY BELOW</p> <p><input type="checkbox"/> Emergency Application <input type="checkbox"/> Non-Emergency Application</p>	<p>FIRST JUDICIAL DISTRICT OF PENNSYLVANIA COURT OF COMMON PLEAS OF PHILADELPHIA COUNTY ARBITRATION CENTER 1880 JOHN F. KENNEDY BLVD., 5TH FLOOR PHILADELPHIA, PA 19103</p>	
COURT TERM AND NUMBER	APPLICANT <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	DATE AND TIME OF LISTED HEARING
CAPTION		
PLAINTIFF'S COUNSEL AND PHONE NO.		
DEFENDANT'S COUNSEL AND PHONE NO.		
ADDITIONAL DEFENDANT'S COUNSEL AND PHONE NO.		
LIST PRIOR HEARING DATE(S), PARTY REQUESTING PREVIOUS CONTINUANCE(S), REASON FOR CONTINUANCE(S)		
1. THE CONTINUANCE IS NEEDED FOR THE FOLLOWING REASON(S):		
2. SET FORTH THE SPECIFIC BASIS FOR THE REQUEST AS PROVIDED IN PA. R.C.P. 216 AND PHILA. CIV. R. NO. *1303(c) AND STATE HOW COMPLIANCE WITH SAID RULES HAS BEEN ACCOMPLISHED.		
3. A COPY OF THIS APPLICATION WAS MAILED/DELIVERED/FAXED TO OPPOSING COUNSEL ON _____.		
4. Position of Opposing Counsel. (Will not be considered unless position stated.)		
5. Agreed upon continuance date, if any:		

I hereby certify the above is true and correct.

Signature of Counsel for Applicant

Date