

**IN THE COURT OF COMMON PLEAS  
CHESTER COUNTY, PENNSYLVANIA**

**ARBITRATION CONTINUANCE  
REQUEST FORM**

All requests for continuances must be made within reasonable time for processing prior to the currently scheduled hearing date.

Please complete this form in its entirety and fax it to 610-344-6127, email it to arbitrationrequests@chesco.org or mail it to 201 West Market Street, Suite 4100, West Chester, PA 19380-0989.

**Docket Number:** \_\_\_\_\_ **Case Caption:** \_\_\_\_\_

**Date of Currently Scheduled Arbitration:** \_\_\_\_\_

**Requesting Party:** Plaintiff  Defendant

**Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Reason for this request:** \_\_\_\_\_

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**Opposing Party:**

- Is agreeable to the continuance request
- Is NOT agreeable to the continuance request
- Has not been contacted regarding the continuance request

I certify that the above information is true and correct:

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date