

Town of Amsterdam Court

283 Mannys Corners Road
Amsterdam NY 12010
Phone (518) 842-7411 Fax (518) 843-6934

Please note in order for an adjournment be granted **this form must be completed in its entirety.**
Address and phone number must be current and up to date. If granted you will be notified by
mail of your next court date. Please print, complete, then fax or mail this form to the court.

Request for Adjournment

I, _____, DOB _____,
have a court date on _____.

I was unable to attend court on this evening due to:

Please adjourn my court date to the next available court date.

Name: _____

Address: _____

Phone: _____

If you are being represented by the Public Defender or Private Attorney please indicate below:

Attorney: _____

Signature _____ Date _____

**** If your request for adjournment is due to a medical reason, please submit a valid note from
your health care provider with your request.**