

MOTION INFORMATION STATEMENT

Caption [use short title] _____

Docket Number(s): _____

Motion for: _____

Set forth below precise, complete statement of relief sought:

Appellant seeks a reasonable Extension of time requesting minimum of 60 days from August 24, 2009 due to a diagnosis of Kidney Stones on May 24, 2009 which could not be surgically removed due to size and position and where they have now proscribed Flomax in efforts to pass or move the stone prior to surgery. Plaintiff has been unable to work or focus on these matters since diagnosis due to extreme pain, as of May 24th, 2009. Additional Narcotics were prescribed for the Kidney Stone above and beyond those necessary for the ongoing facial reconstructive surgeries. The estimated time to recovery is a minimum of 3-4 weeks if able to pass or 4-6 weeks if surgery becomes necessary.

- Plaintiff Defendant
 Appellant/Petitioner Appellee/Respondent

MOVING ATTORNEY: _____
[name of attorney, with firm, address, phone number and e-mail]

OPPOSING ATTORNEY [Name]: _____
[name of attorney, with firm, address, phone number and e-mail]

Court-Judge/Agency appealed from: _____

Please check appropriate boxes:

Has **consent** of opposing counsel:
A. been sought? Yes No
B. been obtained? Yes No

Is **oral argument** requested? Yes No
(requests for oral argument will not necessarily be granted)

Has **argument** date of appeal been **set**? Yes No
If yes, enter date _____

FOR EMERGENCY MOTIONS, MOTIONS FOR STAYS AND INJUNCTIONS PENDING APPEAL:

Has request for relief been made **below**? Yes No
Has this relief been previously sought in this Court? Yes No

Requested return date and explanation of emergency:

Signature of Moving Attorney: _____

Date: _____

Has **service** been effected? Yes No
[Attach proof of service]

ORDER

IT IS HEREBY ORDERED THAT the motion is **GRANTED** **DENIED**.

FOR THE COURT:

CATHERINE O'HAGAN WOLFE, Clerk of Court

Date: _____

By: _____