

STATE OF INDIANA)
) SS:
COUNTY OF MARION)

IN THE SMALL CLAIMS COURT OF
PIKE TOWNSHIP
5665 Lafayette Rd #B
Indianapolis, In 46254
Phone: 317-293-1842
Fax:317-290-8319

Plaintiff,

VS.

Cause No.49K05-_____-SC-_____

Defendant.

VERIFIED MOTION FOR CONTINUANCE

Plaintiff or Defendant (print name of party) _____ states the following:

1. This matter is scheduled for hearing on ___/___/___;
2. I need additional time because:

3. I request a continuance for _____ day(s)
4. I Contacted or did not contact the opposing party on ___/___/___ via telephone fax e-mail
The opposing party opposed or did not oppose or did not respond to my request for continuance.

Wherefore, I respectfully request a continuance of this hearing. I affirm under the penalties of perjury of the state of Indiana that the above statements are true and accurate.

Signature of Attorney or Pro Se Party

CERTIFICATE OF SERVICE

I hereby certify that I served a copy of this motion on ___/___/___ by placing a copy in the United States Mail, First Class, Postage prepaid, Addressed to:

Signature of Attorney or Pro Se Party