

(MUST PROVIDE PARTIES NAME AND CAUSE NUMBER)

Cause Number: 49K05-_____

Plaintiff

Vs

Defendant

MOTION FOR CONTINUANCE

(All items 1-3 must be completed or Motion will be denied)

1. I am requesting a continuance for the following reason:

- Medical Seek Legal Counsel Obtain Evidence
- Work Secure Witness Insurance
- Other

Explanation: _____

2. I have contacted the opposing Counsel/Party by phone and advised them of this continuance by telephone at _____, on the _____ day of _____, 20____.

3. I have provided a copy of this motion by: (indicate one)

- Faxing a copy to opposing counsel/party
- Mailing a copy of opposing counsel/party

Signature: _____
Printed: _____
Address: _____
Phone #: _____

DO NOT WRITE BELOW – FOR COURT USE ONLY

_____ **GRANTED** _____ **DENIED**

IF GRANTED, THIS CASE IS CONTINUED TO THE _____ DAY OF _____, 20____ AT _____ AM/PM.

SO ORDERED:

DATED: _____

Judge A Douglas Stephens, Pike Township Small Claims Court