STATE OF INDIANA )
)
COUNTY OF CASS )

CASS SUPERIOR COURT 1
SMALL CLAIMS DOCKET
_____
COURT HOUSE
LOGANSPORT, INDIANA 46947

_____
Plaintiff

_____
Address

_____
**Vs.**

_____
Defendant 1

_____
Address

_____

_____
Cause Number

_____
Defendant 2

_____
Address

_____

**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** __**text** or __ **email.**
5. The opposing party ___ **opposed**, __ **did not oppose**, or __ **did not respond to my request for continuance.**

Wherefore, I respectfully request a continuance for 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

## Order

Notice to Continue.
Granted ____
Denied _____

Hearing rescheduled for _____, so ordered on _____.

_____
Judge, Cass Superior Court