

Instructions: Fill out this top section to match the other court forms filed in this case

STATE OF INDIANA IN THE _____ COUNTY _____ COURT

COUNTY OF _____ CASE NUMBER: _____

IN RE THE MATTER OF:

v.

VERIFIED MOTION FOR CONTINUANCE



1. My name is: _____.
2. My court hearing has been scheduled for *(The date that the court has scheduled your hearing for (include the month, day, and year))*: _____.
3. I need to change the date of the hearing because *(Explain why you need more time or are not able to attend your hearing at the scheduled date and time)*: _____

_____.
4. I am asking the court for: *(write the number of days or weeks you need before your new court date (do not write a specific date))*: _____.
5. The name of the other party involved in this case is *(the first and last name of the other party involved in this case)*: _____.
6. I spoke to the other party involved in this case about filing this continuance with the court on *(the date you spoke to the other party about changing the court date. Include the month, day, and year)*: _____.

The other party **(Select One Below)**:

- ☐ agreed to my continuance request.
- ☐ did not agree to my continuance request.

7. I respectfully ask the court for a continuance of this hearing and for all other necessary relief.

I affirm under penalties for perjury that the statements above are true.

Printed Name: _____

Signature: _____

Date: _____

Certificate of Service



I certify that I got a copy of this form to the other party, and any other interested parties in this case, as listed below. I sent this form to:

First and Last Name	Address	Type of Service Used	Date of Service

Signature: _____

Date: _____

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ORDER ON VERIFIED MOTION FOR CONTINUANCE



This Verified Motion for Continuance is hereby GRANTED.

It is now ordered by this Court that this case is continued and scheduled to:

_____.

SO ORDERED: _____

Judicial Officer

Distribution:



Petitioner Name:

Petitioner Address:

Respondent Name:

Respondent Address:
