

STATE OF INDIANA                    )  
  ) SS  
COUNTY OF JENNINGS            ) CAUSE NO. \_\_\_\_\_

\_\_\_\_\_,  
Petitioner/Plaintiff,  
vs.

\_\_\_\_\_,  
Respondent/Defendant.

**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 understand that this request must be filed at least ten (10) days prior to the hearing or an affidavit has been attached explaining why the request could not have been made less than ten (10) days prior to the hearing.
4. 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): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.
5. 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)): \_\_\_\_\_.
6. The name of the other party involved in this case is (the first and last name of the other party involved in this case): \_\_\_\_\_.
7. 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.

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

9. I understand that this request must be filed out in its entirety or that this request will likely be denied.

**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: \_\_\_\_\_