

# INSTRUCTIONS

## VERIFIED MOTION FOR CONTINUANCE

STATE OF INDIANA ) IN THE \_\_\_\_\_ SUPERIOR/CIRCUIT COURT  
 ) SS:  
 COUNTY OF \_\_\_\_\_ ) CASE NO. \_\_\_\_\_

IN RE THE MATTER OF:

\_\_\_\_\_  
 Petitioner,

V.

\_\_\_\_\_  
 Respondent.

FOR THE SECTION ABOVE THE DOTTED LINE, LOOK AT THE COURT PAPERS YOU HAVE FROM THIS CASE AND COPY THE INFORMATION HERE AS IT APPEARS ON THOSE COURT PAPERS.

-----  
APPEARANCE BY SELF-REPRESENTED PERSON IN CIVIL CASE

**This Appearance Form must be filed on behalf of every party in a civil case.**

1. My Name is: \_\_\_\_\_ PRINT YOUR FULL NAME \_\_\_\_\_ and I am

Initiating (filing) \_\_\_\_\_;

Responding (answering or defending) \_\_\_\_\_; or

Intervening \_\_\_\_\_;

} IF YOU ARE THE PETITIONER, CHECK "INITIATING"; IF YOU ARE THE RESPONDENT, CHECK "RESPONDING"

in this case and am representing myself.

2. Contact information for receiving legal service of documents and case information is required by Court Rules: *(NOTE: If you are the Initiating party and this case, or a related case, involves a protection from abuse order, a workplace violence restraining order, or a no-contact order, you must provide an address for the purpose of legal service of documents but that address should not be one that exposes the whereabouts of a petitioner)*

Address: PRINT YOUR FULL ADDRESS \_\_\_\_\_

Email Address: PRINT YOUR EMAIL ADDRESS \_\_\_\_\_

Phone: PRINT YOUR PHONE NUMBER \_\_\_\_\_

FAX: PRINT YOUR FAX NUMBER \_\_\_\_\_

OR, if in the related case, you have used the Attorney General Confidential address, you may check the box below:

IF YOU USE A CONFIDENTIAL ADDRESS THROUGH THE OFFICE OF THE ATTORNEY GENERAL, CHECK HERE

{ \_\_\_\_\_ Attorney General confidential address (contact the Attorney General at 1-800-321-1907 or e-mail address is **confidential@atg.state.in.us**).

3. This is a LEAVE BLANK case type as defined in administrative Rule 8(B)(3).  
*(Clerk will supply this information.)*

4. I will accept service by FAX at the following number IF YOU HAVE A FAX NUMBER WHERE YOU WANT TO RECEIVE COURT PAPERS, PRINT IT HERE

# INSTRUCTIONS

## VERIFIED MOTION FOR CONTINUANCE

5. This case is a domestic relations matter, involves Uniform Reciprocal Enforcement of support (URESAs), paternity, delinquency, Child in Need of Services (CHINS), guardianship, or any other proceedings in which support may be an issue, and social security numbers of all family members are supplied on a separately attached document (Form TCM-TR3.1-4) filed as confidential information on light green paper.

\_\_\_\_\_ Yes    CHECK HERE No

6. There are related cases: Yes \_\_\_\_\_ No \_\_\_\_\_ *(If yes, please indicate below.)*

} IF THERE ARE OTHER COURT CASES INVOLVING YOURSELF, THE OTHER PARTY, AND/OR YOUR CHILD(REN). CHECK "YES"; OTHERWISE, CHECK "NO"

Caption and case number of related cases:

Caption: IF YOU CHECKED "NO" FOR #6, SKIP. IF YOU CHECKED "YES" FOR #6, PRINT THE CAPTION AND CASE NUMBER FOR EACH RELATED CASE Case Number: \_\_\_\_\_

Caption: \_\_\_\_\_ Case Number: \_\_\_\_\_

7. Additional information required by local rule:

IF NECESSARY, PRINT ADDITIONAL INFORMATION REQUIRED BY YOUR COUNTY'S LOCAL RULES \_\_\_\_\_

SIGN YOUR NAME \_\_\_\_\_  
Self-Represented Party

# INSTRUCTIONS

# VERIFIED MOTION FOR CONTINUANCE

STATE OF INDIANA ) IN THE \_\_\_\_\_ SUPERIOR/CIRCUIT COURT  
 ) SS:  
 COUNTY OF \_\_\_\_\_ ) CASE NO. \_\_\_\_\_

IN RE THE MATTER OF:

\_\_\_\_\_  
 Petitioner,  
 V.

FOR THE SECTION ABOVE THE DOTTED LINE, LOOK AT THE COURT PAPERS YOU HAVE FROM THIS CASE AND COPY THE INFORMATION HERE AS IT APPEARS ON THOSE COURT PAPERS.

\_\_\_\_\_  
 Respondent.

-----  
VERIFIED MOTION FOR CONTINUANCE

Comes now \_\_\_\_\_ PRINT YOUR FULL NAME \_\_\_\_\_, and states the following:

1. This matter is scheduled for hearing on \_\_\_\_\_ PRINT THE DATE OF THE HEARING YOU WANT CONTINUED \_\_\_\_\_,
2. I need additional time because:  
 BRIEFLY EXPLAIN WHY YOU ARE ASKING FOR A CONTINUANCE. COURTS TAKE CONTINUANCE REQUESTS SERIOUSLY. MAKE SURE A CONTINUANCE REQUEST IS YOUR LAST OPTION.  
 \_\_\_\_\_  
 \_\_\_\_\_
3. I request a continuance for \_\_\_\_\_ PRINT THE LENGTH OF TIME YOU ARE REQUESTING. PLEASE REMEMBER THAT YOU MAY NOT GET ALL THE TIME YOU ARE REQUESTING. \_\_\_\_\_
4. I contacted \_\_\_\_\_ PRINT THE NAME OF THE OTHER PARTY OR THE NAME OF THEIR ATTORNEY IF THEY ARE REPRESENTED BY AN ATTORNEY \_\_\_\_\_ on \_\_\_\_\_ PRINT THE DATE YOU CONTACTED THAT PERSON \_\_\_\_\_, and they \_\_\_\_\_ PRINT WHETHER THAT PERSON "OBJECTED" OR "AGREED" TO YOUR CONTINUANCE REQUEST \_\_\_\_\_ to my continuance request.

WHEREFORE, I respectfully request a continuance of this hearing, and for all other just and proper relief. I affirm under the penalties of perjury that the foregoing representations are true.

\_\_\_\_\_  
 SIGN YOUR NAME  
 Signature

\_\_\_\_\_  
 PRINT YOUR FULL NAME  
 \_\_\_\_\_  
 PRINT YOUR STREET ADDRESS  
 \_\_\_\_\_  
 PRINT YOUR CITY, STATE AND ZIP CODE

CERTIFICATE OF SERVICE

I hereby certify that I sent a copy of this Motion by first class mail to the opposing attorney, or the opposing party if the opposing party is not represented by an attorney, on \_\_\_\_\_ PRINT THE DATE YOU WILL FILE THE FORMS \_\_\_\_\_

\_\_\_\_\_  
 SIGN YOUR NAME  
 Signature

# INSTRUCTIONS

## VERIFIED MOTION FOR CONTINUANCE

STATE OF INDIANA ) IN THE \_\_\_\_\_ SUPERIOR/CIRCUIT COURT  
 ) SS:  
COUNTY OF \_\_\_\_\_ ) CASE NO. \_\_\_\_\_

IN RE THE MATTER OF:

\_\_\_\_\_  
Petitioner,

V.

\_\_\_\_\_  
Respondent.

FOR THE SECTION ABOVE THE DOTTED LINE, LOOK AT THE COURT PAPERS YOU HAVE FROM THIS CASE AND COPY THE INFORMATION HERE AS IT APPEARS ON THOSE COURT PAPERS.

---

### ORDER

This Motion for Continuance is:

**GRANTED,**

it is therefore ORDERED by this Court that this case is continued to the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_:\_\_\_\_, \_\_\_\_m.

**OR**

**DENIED.**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Judge

Distribution:

PRINT YOUR FULL NAME \_\_\_\_\_

PRINT YOUR STREET ADDRESS \_\_\_\_\_

PRINT YOUR CITY, STATE AND ZIP CODE \_\_\_\_\_

PRINT THE OTHER PARTY'S FULL NAME \_\_\_\_\_

PRINT THE OTHER PARTY'S STREET ADDRESS \_\_\_\_\_

PRINT THE OTHER PARTY'S CITY, STATE AND ZIP CODE \_\_\_\_\_

STATE OF INDIANA ) IN THE \_\_\_\_\_ SUPERIOR/CIRCUIT COURT  
 ) SS:  
COUNTY OF \_\_\_\_\_ ) CASE NO. \_\_\_\_\_

IN RE THE \_\_\_\_\_ OF:

\_\_\_\_\_  
Petitioner,

V.

\_\_\_\_\_  
Respondent.

**APPEARANCE BY SELF-REPRESENTED PERSON IN CIVIL CASE**

**This Appearance Form must be filed on behalf of every party in a civil case.**

1. My Name is: \_\_\_\_\_ and I am

Initiating (filing) \_\_\_\_\_;  
Responding (answering or defending) \_\_\_\_\_; or  
Intervening \_\_\_\_\_;

in this case and am representing myself.

2. Contact information for receiving legal service of documents and case information is required by Court Rules: *(NOTE: If you are the Initiating party and this case, or a related case, involves a protection from abuse order, a workplace violence restraining order, or a no-contact order, you must provide an address for the purpose of legal service of documents but that address should not be one that exposes the whereabouts of a petitioner)*

Address: \_\_\_\_\_

\_\_\_\_\_  
Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

FAX: \_\_\_\_\_

OR, if in the related case, you have used the Attorney General Confidential address, you may check the box below:

\_\_\_\_ Attorney General confidential address (contact the Attorney General at 1-800-321-1907 or e-mail address is **confidential@atg.state.in.us**).

3. This is a \_\_\_\_\_ case type as defined in administrative Rule 8(B)(3).  
*(Clerk will supply this information.)*

4. I will accept service by FAX at the following number \_\_\_\_\_

5. This case is a domestic relations matter, involves Uniform Reciprocal Enforcement of support (URESAs), paternity, delinquency, Child in Need of Services (CHINS), guardianship, or any other proceedings in which support may be an issue, and social security numbers of all family members are supplied on a separately attached document (Form TCM-TR3.1-4) filed as confidential information on light green paper.

\_\_\_\_\_ Yes      \_\_\_\_\_ No

6. There are related cases: Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, please indicate below.)

Caption and case number of related cases:

Caption: \_\_\_\_\_ Case Number: \_\_\_\_\_

7. Additional information required by local rule:

\_\_\_\_\_

\_\_\_\_\_  
Self-Represented Party

STATE OF INDIANA ) IN THE \_\_\_\_\_ SUPERIOR/CIRCUIT COURT  
 ) SS:  
COUNTY OF \_\_\_\_\_ ) CASE NO. \_\_\_\_\_

IN RE THE MATTER OF:

\_\_\_\_\_  
Petitioner,  
V.  
\_\_\_\_\_  
Respondent.

**VERIFIED MOTION FOR CONTINUANCE**

Comes now \_\_\_\_\_, and states the following:

1. This matter is scheduled for hearing on \_\_\_\_\_;
2. I need additional time because:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. I request a continuance for \_\_\_\_\_.
4. I contacted \_\_\_\_\_ on \_\_\_\_\_,  
and they \_\_\_\_\_ to my continuance request.

WHEREFORE, I respectfully request a continuance of this hearing, and for all other just and proper relief. I affirm under the penalties of perjury that the foregoing representations are true.

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATE OF SERVICE**

I hereby certify that I sent a copy of this Motion by first class mail to the opposing attorney, or the opposing party if the opposing party is not represented by an attorney, on \_\_\_\_\_.

\_\_\_\_\_  
Signature

STATE OF INDIANA ) IN THE \_\_\_\_\_ SUPERIOR/CIRCUIT COURT  
 ) SS:  
COUNTY OF \_\_\_\_\_ ) CASE NO. \_\_\_\_\_

IN RE THE MATTER OF:

\_\_\_\_\_  
Petitioner,

V.

\_\_\_\_\_  
Respondent.

**ORDER**

This Motion for Continuance is:

**GRANTED,**

it is therefore ORDERED by this Court that this case is continued to the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_, \_\_\_\_m.

**OR**

**DENIED.**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Judge

Distribution:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_