

STATE OF INDIANA)
)
COUNTY OF MARION)

Center Township of Marion County
Small Claims Court
300 E. Fall Creek Pkwy N. Dr. #130
Indianapolis, Indiana 46205
(317) 920-4530

CAUSE NO.: 49K01-_____ - SC-_____

_____)
Plaintiff)
)
vs)
)
_____)
Defendant)

VERIFIED MOTION FOR CONTINUANCE

Comes now the Plaintiff 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 ___ days
- 4. I contacted or did not contact the opposing party on ___/___/_____ via telephone fax e-mail.
- 5. The opposing party opposed OR did not oppose OR did not respond to my request for continuance

Wherefore, I respectfully request a continuance of this hearing. I affirm under the penalties of perjury of the State of Indiana that the above-statements are true and accurate.

Respectfully submitted,

Date

Signature

Certificate of Service

I hereby certify that a copy of the forgoing has been served on ___/___/_____ at: _____ by US Mail, First Class, postage pre-paid.

Signature

YOU MUST PROVIDE YOUR COMPLETE AND CURRENT ADDRESS