

Form Number 2

1 STATE OF INDIANA) IN THE LAGRANGE SUPERIOR COURT
2) SS:
3 COUNTY OF LAGRANGE) CASE NO. _____
4
5

6 STATE OF INDIANA

7
8 V.
9

10 _____
11 DEFENDANT

VERIFIED MOTION FOR CONTINUANCE

12
13 Comes now _____, and states the following:

- 14 1. This matter is scheduled for hearing on _____;
- 15
- 16 2. I need additional time because _____
- 17 _____;
- 18
- 19 3. I request a continuance for _____.
- 20
- 21 4. I contacted the Prosecutor's Office on _____, and they objected/ did not object to
- 22 my continuance request.
- 23
- 24
- 25
- 26

27 WHEREFORE, I respectfully request a continuance of this hearing, and for all other just and proper relief.
28 I affirm under the penalties of perjury that the foregoing representations are true.
29

30 _____
31 Signature

32 _____
33 Print your name

34 _____
35 Mailing address

36 _____
37 Town, State and Zip Code

38 _____
39 Telephone number, with area code
40

41 **CERTIFICATE OF SERVICE**

42
43 I hereby certify that I sent a copy of this Petition by first class mail to the opposing attorney, or the
44 opposing party if the opposing party is not represented by an attorney, on _____.
45

46 _____
47 Signature

48 _____
49 Print your name