

Please answer the questions below.

When you answer the questions, they will automatically fill in that information where it belongs on the following forms that you will be filing with the court. Do not leave any questions blank. Any changes you make must be made to these questions; you will not be able to modify your answers in the forms themselves. Please have all of your information handy when you are answering these questions.

Look at the court papers for your case while answering the first five questions:

1. What is the name of the County? _____
2. What is the Case Number? _____
(The Case Number is very important; please make sure to copy it **exactly** as it appears on the court papers)
3. What is the full name of the Petitioner? (This will either be your name or the other party's name)

4. What is the full name of the Respondent? (This will either be your name or the other party's name)

5. What is your full name?

6. What is your street address?

7. What is your town, state, and ZIP Code?

8. What is your telephone number, with area code? _____
9. What is the full name of the other party OR if the other party is represented by an attorney, what is the full name of the attorney?

10. What is the street address of the other party OR attorney?

11. What is the town, state and ZIP Code of the other party OR attorney?

12. What are the names of all family members involved in this case?

13. How many children are involved in this case? _____

14. Are there are other Court cases involving yourself and the other party? Select “Yes” or “No”

15. If you selected “Yes,” for each case you and the other party are involved, what is the name of the Court and Case Number and *briefly describe* what type of case it is. If you selected “No,” skip to the next question.

16. What is the date of the hearing that you want to continue? _____

17. *Briefly explain* why you are asking for a continuance. Courts take continuance requests seriously. Make sure a continuance request was your last option.

18. What is the length of time you are requesting? Please remember that you may not get all the time you are requesting.

19. What was the date you contacted the other party or attorney regarding your request for continuance of this hearing?

20 If the other party or attorney agreed to your continuance of this hearing, select “agreed”; if the other party or attorney did not agree to your continuance, select “objected.” _____

You have finished answering the questions. The following pages are the forms that you will be printing and then filing with the court. Please look over them to make sure the information is correct before you print them out. If you have changes, you must make them to the questions above. Once you have printed this packet, make sure you sign it on the Signature lines. Your signature must be on these forms before you make copies and file it with the court.

PLEASE NOTE: There is a blank line in the paragraph named Certificate of Service. Before you make your copies, you MUST write the date you will be filing the forms on this blank line.

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

IN RE THE MATTER OF:

Petitioner,

V.

Respondent.

APPEARANCE

1. Party Name: _____

2. Attorney Information: Self-Represented

3. Case Type: DR

4. Will **NOT** accept FAX service.

5. Names of all family members:

_____ child/ren are involved in this matter.

6. Are there related cases?

Case Number(s): _____

Signature

CERTIFICATE OF SERVICE

I hereby certify that I sent a copy of this Appearance 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.

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: