

Form Number 2

1 STATE OF INDIANA) IN THE LAGRANGE SUPERIOR COURT
2) SS:
3 COUNTY OF LAGRANGE) CASE NO. _____
4
5
6

7 _____
8 Plaintiff

9 V.

10 _____
11 Defendant

VERIFIED MOTION FOR CONTINUANCE

12 Comes now _____, and states the following:

- 13 1. This matter is scheduled for hearing on _____;
- 14 2. I need additional time because _____;
- 15 _____;
- 16 3. I request a continuance for _____.
- 17 4. I contacted the opposing party on _____, and they objected/ did not object to my
- 18 continuance request.

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

21 _____
22 Signature

23 _____
24 Print your name

25 _____
26 Mailing address

27 _____
28 Town, State and Zip Code

29 _____
30 Telephone number, with area code

31 **CERTIFICATE OF SERVICE**

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

34 _____
35 Signature

36 _____
37 Print your name
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