STATE OF INDIANA COUNTY OF MARION, SS: WAYNE TOWNSHIP OF MARION COUNTY SMALL CLAIMS COURT 5401 WEST WASHINGTON STREET

I	FOR COURT USE ONLY
PHONE:	
PRINT: ADDRESS:	
SIGN:	
- -	of this motion to opposing counsel/party. of this motion to opposing counsel/party.
	OR
telephone at	
4. I request a continuance for	day(s). Insel/party and advised them of this continuance by
3. Explain:	
	seek legal counsel obtain evidence other
 This matter is scheduled for he I am requesting a continuance 	for the following reason: (Check one)
Under penalties for perjury, I make th	
	-
MOT	PRO SE ION FOR CONTINUANCE
(DEFENDANT)	
VS.	CAUSE NO: 49K08
(PLAINTIFF)	
	PH: (317) 241-9573 FAX: (317) 248-7917
	INDIANAPOLIS, IN 46241
	5401 WEST WASHINGTON STREET

_____ Granted Reset to ______ at ____ ____ Denied