

STATE OF INDIANA
COUNTY OF MARION, SS:

WAYNE TOWNSHIP OF MARION COUNTY
SMALL CLAIMS COURT
5401 WEST WASHINGTON STREET
INDIANAPOLIS, IN 46241
PH: (317) 241-9573
FAX: (317) 248-7917

(PLAINTIFF)

VS.

(DEFENDANT)

CAUSE NO: 49K08-_____-_____

PRO SE
MOTION FOR CONTINUANCE

Under penalties for perjury, I make the following representations:

1. This matter is scheduled for hearing on ____/____/____
2. I am requesting a continuance for the following reason: (Check one)

_____ medical	_____ seek legal counsel	_____ obtain evidence
_____ work	_____ secure witness	_____ other

3. Explain:

4. I request a continuance for _____ day(s).
5. I have contacted opposing counsel/party and advised them of this continuance by telephone at _____

OR

I have provided a copy of this motion by: (Indicate one)

_____ I have faxed a copy of this motion to opposing counsel/party.
_____ I have mailed a copy of this motion to opposing counsel/party.

SIGN: _____

PRINT: _____

ADDRESS: _____

PHONE: _____

FOR COURT USE ONLY

_____ Granted	Reset to _____ at _____ a.m.
_____ Denied	