

STATE OF INDIANA)
) SS:
COUNTY OF MARION)

IN THE SMALL CLAIMS COURT OF

Washington Township

5302 N. Keystone Ave., Ste. E
Indianapolis, In 46220

Phone: 317-327-8184
Fax: 317-327-8190

Plaintiff,

vs.

Cause No. 49K07-_____

Defendant.

Verified Motion for CONTINUANCE

Plaintiff OR Defendant (print name of party) _____ states the following:

- 1. This matter is scheduled for hearing on ___/___/___;
- 2. I need additional time because:

- 3. I request a continuance for ___ day(s).
- 4. I contacted OR did not contact the opposing party on ___/___/___ via telephone fax e-mail.
The opposing party opposed OR did not oppose OR did not respond to my request for continuance.

WHEREFORE, I respectfully request a continuance of this hearing. I affirm under the penalties of perjury of the State of Indiana that the above statements are true and accurate.

Signature of Attorney or Pro Se Party

CERTIFICATE OF SERVICE

I hereby certify that I served a copy of this Motion on ___/___/___ by placing a copy in the United States Mail, First Class, postage prepaid, addressed to:

Signature of Attorney or Pro Se Party