

STATE OF INDIANA )  
 )  
COUNTY OF MARION )

Center Township of Marion County  
Small Claims Court  
300 E. Fall Creek Pkwy N. Dr. #130  
Indianapolis, Indiana 46205  
(317) 920-4530

CAUSE NO.: 49K01-\_\_\_\_\_ - SC-\_\_\_\_\_

\_\_\_\_\_)  
Plaintiff )  
 )  
vs )  
 )  
\_\_\_\_\_)  
Defendant )

**VERIFIED MOTION FOR CONTINUANCE**

Comes now the  Plaintiff  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 \_\_\_ days
- 4. I  contacted or  did not contact the opposing party on \_\_\_/\_\_\_/\_\_\_\_\_ via  telephone  fax  e-mail.
- 5. 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.

Respectfully submitted,

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**Certificate of Service**

I hereby certify that a copy of the forgoing has been served on \_\_\_/\_\_\_/\_\_\_\_\_ at: \_\_\_\_\_ by US Mail, First Class, postage pre-paid.

\_\_\_\_\_  
Signature

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**YOU MUST PROVIDE YOUR COMPLETE AND CURRENT ADDRESS**