

STATE OF INDIANA

IN THE FOUNTAIN CIRCUIT COURT

SS:

COUNTY OF FOUNTAIN

CAUSE NO. 23C01-\_\_\_\_\_-SC-\_\_\_\_\_

\_\_\_\_\_,  
Plaintiff 1

vs.

\_\_\_\_\_,  
Defendant 1

\_\_\_\_\_,  
Plaintiff 2,

\_\_\_\_\_,  
Defendant 2.

**MOTION FOR CONTINUANCE**

I am the ☐ Plaintiff(s)/ ☐ Defendant(s) (check one), and I request the Court to continue the hearing now

scheduled for \_\_\_\_\_ at \_\_\_\_\_.  
(date) (time)

In support of the Motion, I state under penalty of perjury the following:

1. I have not received a prior continuance of this case, and I understand that except in unusual circumstances, no parties shall be allowed more than one (1) continuance in any Small Claims case. (See Indiana Small Claim Rule 9(A)).

2. I need a continuance because: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. I attempted to contact the opposing party about this Motion, and:

- a. the opposing party: ☐ objects to this Motion or ☐ does not object to this Motion; OR  
b. ☐ I was unable to reach the opposing party or did not get a response from the opposing party.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Telephone #

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Telephone #

**CERTIFICATE OF SERVICE**

I hereby certify that I have delivered a copy of this Motion to the parties listed below by:

☐ hand-delivery or ☐ by depositing the document in the U.S. Postal Service, first-class postage prepaid, on or before the date of filing.

Opposing Party 1 name and address: \_\_\_\_\_

Opposing Party 2 name and address: \_\_\_\_\_

\_\_\_\_\_  
Signature