

STATE OF INDIANA )  
 ) SS:  
COUNTY OF MARION )

IN THE SMALL CLAIMS COURT OF  
LAWRENCE TOWNSHIP  
4455 McCoy St.  
Indianapolis, In 46226  
Phone: 317-545-2369  
Fax:317-545-1662

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

VS.

Cause No.49K03-\_\_\_\_\_-SC-\_\_\_\_\_

\_\_\_\_\_  
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

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**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