

STATE OF INDIANA )  
 ) SS:  
COUNTY OF ADAMS )

IN THE ADAMS SUPERIOR COURT  
SMALL CLAIMS DOCKET

CAUSE NO. 01D01- - SC-

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

vs.

\_\_\_\_\_  
**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