RESET

FOR CLERK'S USE ONLY

Name of Person Filing: _____
Mailing Address (if not protected: _____
City, State, Zip Code: _____
Phone Number(s): _____
AZCARES Number (if applicable):_____
Attorney Bar Number (if applicable):_____
Representing ☐ **Self (Without a Lawyer) OR**
Attorney for ☐ **Petitioner/Plaintiff OR** ☐

SUPERIOR COURT OF ARIZONA
MOHAVE COUNTY

_____ Case Number _____
Name of Petitioner/Plaintiff

MOTION TO CONTINUE

_____
Name of Respondent/Defendant

I request that the Court continue the following court proceeding:

Name of Proceeding: _____

Date:_____ Time:_____

1. I am asking for this continuance for the following reason(s):
_____
_____

2. I make this Motion for the reasons(s) above and not to cause the other party delay or prejudice.

3. ☐ The other party/the other party's attorney does not object to this Motion.
☐ The other party/the other party's attorney objects to this Motion.
☐ I do not know whether the other party/the other party's attorney objects to this Motion. I tried to find out whether the other party object to this Motion by:
_____

Date:_____ Your Signature:_____

CERTIFICATE OF SERVICE: I certify that a copy of this document was ☐ mailed ☐ hand-delivered on
_____ to the other party/the other party's attorney at this address:
_____

Date:_____ Your Signature:_____