

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 ☐ Respondent/Defendant

SUPERIOR COURT OF ARIZONA MOHAVE COUNTY

Name of Petitioner/Plaintiff _____ Case Number _____
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: _____

**SUPERIOR COURT OF ARIZONA
MOHAVE COUNTY**

Name of Petitioner/Plaintiff

Case Number: _____

ORDER REGARDING CONTINUANCE

Name of Respondent/Defendant

A Motion to Continue was filed as follows:

Name of Person Filing: _____

Name of Proceeding: _____

Date: _____ Time: _____

- ☐ The other party/the other party's attorney does not object to the Motion.
- ☐ The other party/the other party's attorney objects to the Motion.
- ☐ Movant does not know whether the other party/the other party's attorney objects to the Motion.

- ☐ The court proceeding is continued to:
Date: _____
Time: _____ am/pm
Division: _____

- ☐ The Motion is denied.

Date: _____

Judge of the Superior Court