STATE OF INDIANA

IN THE ELKHART SUPERIOR COURT 6

COUNTY O	F ELKHART
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CASE NO:

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)

IN RE THE _____OF: _____(Child's Name if Required)

Name of Person Filing	
\Box Mother \Box Father \Box Alleged Father	
□ Husband □ Wife □ Other:	
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And

Name of Person Resp	onding
\Box Mother \Box Father	□ Alleged Father

□ Husband □ Wife □ Other:

VERIFIED MOTION TO CONTINUE

Comes now , and states the following:

1. This matter is scheduled for hearing on _____.

- 2. I need additional time because:
- 3. I request a continuance of _____ days.
- 4. I contacted _______ on ______, and they \Box agreed /

☐ did not agree to my continuance request.

WHEREFORE, I respectfully request a continuance of this hearing, and for all just and proper relief.

I affirm under penalties of perjury that the foregoing representations are true.

/s/_____

Signature

Date

Printed Name

Email Address

CERTIFICATE OF SERVICE

I hereby certify that I sent a copy of this motion to the other person's attorney, or to the other person if they are not represented by an attorney, via:

Registered mail at this address:

 \Box Certified mail at this address:

 \Box Sheriff

E-Service in accordance with Trial Rule 86 at this email address:

□ Other: _____

Signature

Date