

Name of Person Filing: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Phone Number(s): \_\_\_\_\_  
ATLAS 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