

PLAINTIFF (Name and Address)   ATTORNEY (If Stipulation Filed)	<b>SMALL CLAIMS DIVISION</b>  <input type="checkbox"/> Request For Continuance  <input type="checkbox"/> Order  Case No.	DEFENDANT (Name and Address)   ATTORNEY (If Stipulation Filed)
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**REQUEST**

Continuances of hearings shall be granted only for the most serious of reasons.

I, \_\_\_\_\_, the Plaintiff/Defendant in  
 this action, Request a Continuance because \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_ Plaintiff/Defendant

**ORDER**

The foregoing Request is Ordered:       GRANTED     DENIED

\_\_\_\_\_ Date \_\_\_\_\_ Justice/Hearing Officer

