

NAME OF CASE: (First named Plaintiff v. First named Defendant)		
DOCKET NO.:	DATE OF REQUEST:	DATE OF SCHEDULED EVENT:

EVENT FOR WHICH CONTINUANCE IS REQUESTED: "X" applicable box(es) and explain below

<input type="checkbox"/> License Appeal Hearing	<input type="checkbox"/> Trial Management Conference
<input type="checkbox"/> Status Conference	<input type="checkbox"/> Trial (Refer to MRCP § 39c)
<input type="checkbox"/> Pretrial Conference	<input type="checkbox"/> Other: _____

REASON(S) FOR CONTINUANCE REQUEST: "X" applicable box(es) and explain below

Counsel is unavailable. Explain: If basis for motion is a court conflict, identify conflicting case name, docket number, and type of proceeding. _____

Discovery not complete: Explain: _____

Witness(es) not available. Name of Witness(es) and explanation: _____

Other: _____

For the reason(s) above I hereby request this case be continued to (date): _____

I hereby agree to be responsible for notifying my client and all counsel of record and pro se parties whether the Motion for Continuance is granted or denied, and if granted, the new date of the scheduled event. I have contacted all counsel and pro se parties of record regarding my intention to seek a continuance. **ALL SUCH COUNSEL AND PRO SE PARTIES:**

<input type="checkbox"/> Consent	<input type="checkbox"/> Do not consent to the above Motion for Continuance and requested continuance date
SIGNED: (Person making motion)	NAME OF ATTORNEY OR PRO SE PARTY (Print or Type)
<input type="checkbox"/> Plaintiff	<input type="checkbox"/> Defendant
<input type="checkbox"/> Attorney for Plaintiff	<input type="checkbox"/> Attorney for Defendant
By signing this motion for continuance, I hereby represent that a copy was mailed/delivered to all pro se parties and counsel of record.	
ORDER:	<input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED <input type="checkbox"/> MATTER IS CONTINUED TO:
SIGNED: (Judge/Clerk)	Date: