

State of Minnesota

District Court

County

Judicial District:
Court File Number:
Case Type:

In Re the Marriage of:

Plaintiff / Petitioner

vs / and

Defendant / Respondent

Intervenor

Request For Continuance

Plaintiff/Petitioner:

Defendant/Respondent:

(Name)
(Street Address)
(City/State/Zip)

(Name)
(Street Address)
(City/State/Zip)

County Attorney's Office:

(County Attorney)
(Street Address)
(City/State/Zip)

I, (Name of Party), request a continuance of the hearing scheduled for (Date) at o'clock .m. because: (check either Number 1 or Number 2)

- 1. All parties have agreed to a continuance.
2. I understand that if all parties have not agreed to a continuance, pursuant to Expedited Child Support Rule 364.05, I must explain why a continuance is needed. I request a continuance because:
Death or incapacitating illness of a party or attorney.
Lack of proper notice of the hearing.
Other (please explain)

Notice to Other Parties: You have a right to object to this Request for Continuance. If you object, you must serve upon all parties and file with the court a written letter stating why you object.

Dated: _____

Signature
Print Name:
Address:
City/State/Zip:
Telephone:
Attorney for: