

State of Minnesota

County _____

District Court

Judicial District: _____
Court File Number: _____
Case Type: _____

In Re the Marriage of:

Petitioner

and

Respondent

Intervenor

Petitioner:

(Name)

(Street Address)

(City/State/Zip)

(E-mail address)

Respondent:

(Name)

(Street Address)

(City/State/Zip)

(E-mail address)

County Attorney's Office:

(County Attorney)

(Street Address)

(City/State/Zip)

(E-mail address)

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

- 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: (____) _____

E-mail address: _____

Attorney for: _____