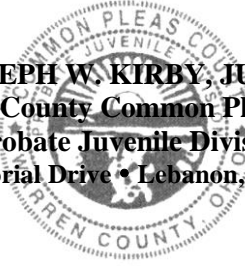


CAROLYN A. DUVELIUS
Chief Magistrate

ANDREW L. SIEVERS
JENNA L. SEITZ
JEFFREY W. STUEVE
Magistrates

JOSEPH W. KIRBY, JUDGE
Warren County Common Pleas Court
Probate Juvenile Division
900 Memorial Drive • Lebanon, Ohio 45036



LAURA A. SCHNECKER
Court Administrator

MEGAN M. DAVENPORT
Staff Attorney

**IN THE COURT OF COMMON PLEAS
COUNTY OF WARREN, STATE OF OHIO
PROBATE JUVENILE DIVISION**

_____))
Petitioner/Plaintiff

-vs-

) Case No. _____

) **MOTION FOR CONTINUANCE**

_____))
Petitioner/Defendant/Respondent

I request a continuance of my hearing set for _____.
(date of hearing)

The reason I am requesting a continuance is _____

_____.

I contacted _____ and was told the opposing party:
(name of opposing party and/or counsel)

- has no objection to the continuance.
- objects to the continuance.

- I have requested no continuances prior to this.
- I have requested _____ continuances prior to this.
(number of times)

Signature

Print Name

Address

Telephone Number

Probate Division
513.695.1180
513.695.2945 (Fax)

Juvenile Division
513.695.1160
513.695.2948 (Fax)

Detention Center
513.695.1393
513.695.1394 (Fax)

Mary Haven
513.695.1366
513.695.1839 (Fax)

ORDER

The Court ORDERS this matter continued to _____
at _____.

The Court denies the continuance.

Judge/Magistrate

TO THE CLERK:

Please mail a copy of this Motion for Continuance by regular mail to

_____ at
(name of other party or attorney)

(address of other party or attorney)

ATTORNEY INFORMATION (fill in only if you are an attorney representing one of the parties)

X

Signature
Supreme Court # _____
Counsel for _____
Address

Telephone

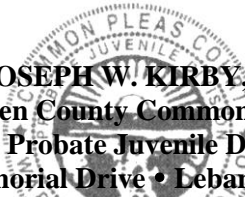
Fax Number

Email Address

Once completed this form may be faxed to (513) 695-2948

CAROLYN A. DUVELIUS
Chief Magistrate

ANDREW L. SIEVERS
JENNA L. SEITZ
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JOSEPH W. KIRBY, JUDGE
Warren County Common Pleas Court
Probate Juvenile Division
900 Memorial Drive • Lebanon, Ohio 45036

LAURA A. SCHNECKER
Court Administrator

MEGAN M. DAVENPORT
Staff Attorney

In the Matter of: _____

Case No: _____

RE: Contact Information of All Interested Parties

Name & Relationship to Child: _____

Address: _____

Telephone Numbers: _____

Email Address: _____

Name & Relationship to Child: _____

Address: _____

Telephone Numbers: _____

Email Address: _____

Name & Relationship to Child: _____

Address: _____

Telephone Numbers: _____

Email Address: _____

Name & Relationship to Child: _____

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