FORT MOJAVE TRIBAL COURT

Fort Mojave Indian Tribe of Arizona, California & Nevada Reservation

Physical & Mailing Address: 8492 South Highway 95, Mohave Valley, Arizona 86440 Telephone: (928) 346-5200 Fax: (928) 346-5287

PETITIONER: City, State, Zip: **COURT USE** Phone: Home: Work: Mobile: **ONLY** ٧. RESPONDENT: Case Number Address: _______ City/State/Zip: _____ Division: CIVIL Phone: Home: Work: Mobile: **MOTION TO CONTINUE** 1. The (check one) ☐ Petitioner ☐ Respondent requests that the Court continue the hearing now set _____ at ____, and for the following reason(s): for (Date) 2. I attempted to obtain the other party's approval of this Motion on _____ but was unsuccessful because: (Date) OR The other party was contacted about this Motion to Continue and: (Choose One) Does not agree ___ Agrees Other:

3. Opposing party's name and address:	
I swear or affirm all information stated a	bove is true and ask the Court to rule on this Motion.
Date:	Signature:
(Please Print)	
Submitted by:Phone No.:	Address:
WHEN Y	OU FILE THIS MOTION:
at least 3 days before the scheduled heari names, and case numbers must be include	party with a copy of this Motion. Your Motion must be fileding to be considered. For proper processing, all addresses d; otherwise, your document will be returned and considered us of this Motion by contacting the Clerk's Office. If a courte as your only notice.
Filing Fee: \$10.00. Filing Fee Waiver Requ	uest will be provided upon request.
ORDER ON MC	TION FOR CONTINUANCE
The Court having reviewed the Motion; It Is	s Hereby Ordered that the Continuance is:
☐ Granted ☐ [Denied ☐ Schedule for Hearing
Court Hearing Date:	Time: (Arizona Time)
 Date	Judge
COURT USE ONLY	
Copy Provided To: □ /Petitioner □ Mailed □ Proces □ Respondent □ Mailed □ Proces	
Date: Clerk:	