Person Filing:

Address (if not protected):

City, State, Zip Code:

Telephone:

Email Address:

**IN THE MUNICIPAL COURT**

**CITY OF BULLHEAD CITY**

**COUNTY OF MOHAVE, STATE OF ARIZONA**

Case Number:

Plaintiff

(Please check one)

Vs.  **MOTION**

**MOTION TO CONTINUE**

Defendant

The section below must be written to explain your request - what you want the judge to order if they grant your Motion. The judge will sign the attached Order noting their decision.

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|  |

Date:

Signature:

Case Number:

Plaintiff:  Does not object.

Defendant:  Does object due to the following:

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|  |

Date: Clerk Initials:

**ORDER**

**Motion to Continue GRANTED:**

It is Ordered resetting the above captioned cause for the day of

, 20 at the hour of am/pm (Mountain Standard Time).

**Failure to appear may result in the hearing being held without your presence.**

**DENIED**

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|  |

Signed this day of , 20 .

Bullhead City Judge

By signing below, I acknowledge receipt of this Order.

Plaintiff/Defendant Date

Copies issued to:  Plaintiff Date: Delivery Method:

Defendant