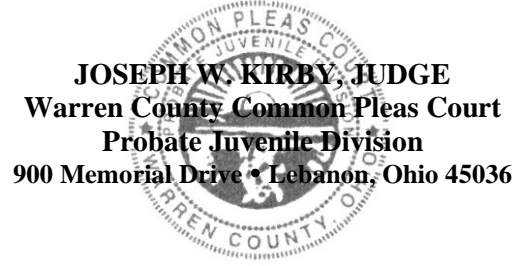


CAROLYN A. DUVELIUS  
JENNA L. SEITZ  
JEFFREY W. STUEVE  
MEGAN M. DAVENPORT  
Magistrates



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

LAURA A. SCHNECKER  
Court Administrator

JOHN C. KASPAR  
Staff Attorney/Mediator

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

Re: \_\_\_\_\_ ) Case No. \_\_\_\_\_  
Name of Child(ren) )

\_\_\_\_\_ )  
Petitioner/ Plaintiff ) **MOTION FOR CONTINUANCE**  
-VS- )

\_\_\_\_\_ )  
Respondent/ Defendant )

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 (REQUIRED)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

**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

\_\_\_\_\_  
Attorney's Name (Print)

Supreme Court No: \_\_\_\_\_

Counsel for: \_\_\_\_\_

Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

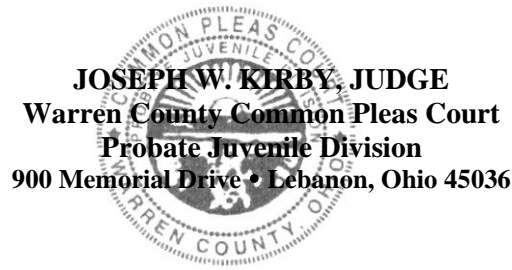
Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Once completed this form needs to be submitted to the Warren County Juvenile Clerk's Office by hand delivery, fax, or email.**

**Warren County Juvenile Court  
900 Memorial Drive  
Lebanon, Ohio 45036  
Phone: 513-695-1160  
Fax: 513-695-2948  
Email: [juvenilecomplaints@co.warren.oh.us](mailto:juvenilecomplaints@co.warren.oh.us)**

CAROLYN A. DUVELIUS  
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Magistrates



LAURA A. SCHNECKER  
Court Administrator

JOHN C. KASPAR  
Staff Attorney/Mediator

**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:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Name & Relationship to Child:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_

Email Address: \_\_\_\_\_