

IN THE SAC & FOX TRIBE OF THE MISSISSIPPI IN IOWA TRIBAL COURT  
Meskwaki Settlement  
307 Meskwaki Road  
Tama, Iowa 52339-9629

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\_\_\_\_\_ Case No. \_\_\_\_\_  
Petitioner, \_\_\_\_\_  
vs.  
\_\_\_\_\_ **MOTION TO CONTINUE**  
Respondent.

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**WARNING: Do not enter contact information** (address, phone number, email) **on this form if an Order of Protection or No Contact conditions exists between the parties!**

In this matter I, \_\_\_\_\_ (name), am the  
\_\_\_\_\_ Petitioner/Plaintiff.  
\_\_\_\_\_ Respondent/Defendant.

I request that the Court continue the hearing that is currently set on (date) \_\_\_\_\_  
for the following reason/s: *(attach pages as needed, along with any documentation)*:

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BASED ON THE ABOVE, I request this Court to (*check one*):

continue the hearing until a later date to be determined by the Court.  
 continue the hearing until the proposed date and time of:

\_\_\_\_\_

**Does the other party consent to this Motion?    Yes    No    Don't Know**

(Filer to Initial here) I understand that the use of this *pro se* form is not a substitute for competent legal advice and that it is in a person's best interest to obtain the legal advice of an attorney prior to initiating or responding to any legal action. The party using this form understands that this form may not meet all my specific legal needs and that it is only provided as a courtesy and guide for *pro se* parties.

(Filer to Initial here) **I understand a copy of this motion must be provided to the other parties in this case so they are aware of what I am asking, and I understand that the Judge may wait to decide on my motion until hearing from the other parties.**

**I hereby state, under penalty of perjury, the foregoing is true.**



\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Party

Printed Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Email Address \_\_\_\_\_



**CERTIFICATE OF SERVICE**

I, being the Filer of this Motion, have provided or will provide a copy of this to the parties in this case, or their attorneys if they are represented by an attorney, as listed below. If additional space is needed, please attach additional page.

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

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

**OR** (*check if applicable*):

**I request Clerk to provide a copy to a person as indicated (  )above, due to having no-contact conditions.** If so, then Clerk to also notify RISE.

cc: \_\_\_\_\_ Date sent: \_\_\_\_\_ by Staff \_\_\_\_\_