Vermont Judicial Bureau POB 607 White River Jct., VT 05001



(802) 295-8869 <u>VJB@VTCourts.gov</u> <u>www.VermontJudiciary.org</u>

MOTION TO CONTINUE

Complaint Number:			
Hearing Location:			
Hearing Date:			
Requested By:			
☐ Defendant	1 . 5		
☐ Representative of Defendant – Exp	olain Relationship:		
☐ Issuing Officer☐ Representative of Issuing Officer –	Evaluin Polationshin:		
□ Representative of issuing officer	Explain Relationship.		
Reason for requesting continuance (attach	supporting documentation	nlane reservations medical	
appointment notices, etc.):	r supporting accumentation	, plane reservations, mealear	
Reason for requesting continuance was lea	arned on the following date	·	
State the earliest possible alternative date	e for a new hearing:		
Date:			
	Signature Req	Signature Required	
	Printed Name	Printed Name	
Mailing Address 1:			
Mailing Address 2:			
City:	State:	Zip:	
Phones:			
Home			
Work:			
Cell Phone:			
Email:			