

IN THE _____ COURT OF _____ COUNTY
STATE OF FLORIDA

State of Florida

PLAINTIFF

VS.

Case No.:

CAUSE NO. _____

Division: _____

DEFENDANT

(Name of Defendant)

MOTION FOR CONTINUANCE

Comes now _____ *(Name of Defendant)*, Defendant, in the above-captioned cause, and respectfully moves that this court grant a continuance of the cause, which was originally set for trial on _____ *(date)*. The grounds for this Motion are that the Defendant and State are discussing settlement options and need more time to discuss these options.

Wherefore, Plaintiff respectfully moves the Court to grant a continuance of the cause *(e.g., until the next term of court)* _____

_____.

Respectfully submitted,

(Printed Name of Defendant)

(Signature of Defendant)

Notice of Motion for Continuance

You are notified that on _____ **(date)**, at _____ **(time)**,
or as soon thereafter as counsel can be heard, in Courtroom _____ of the
_____ Court for _____ County, Florida, at the _____
(County) Courthouse at _____
_____ **(street address, city, county, state, zip code)**,
Defendant _____ **(Name of Defendant)** will bring on for
hearing his Motion for Continuance for the reasons stated in the above Motion.

Respectfully Submitted,

(Printed Name of Defendant)

(Signature of Defendant)

Certificate of Service

This is to certify that I, _____ **(Name of Defendant)**,
Defendant, have this date served a true and correct copy of the above and
foregoing Motion for Continuance and Notice of Motion for Continuance by U.S.
Mail, postage fully prepaid, to the following counsel of record for State:

(Name of Attorney)

(Post Office Box or Mailing Address)

(City, State, Zip Code)

This the ____ day of _____, 20_____.

Respectfully submitted,

(Printed Name of Defendant)

(Signature of Defendant)

I understand that I am swearing or affirming under oath to the truthfulness of the
claims made above and that the punishment for knowingly making a false
statement includes fines and/or imprisonment.

Dated: _____

(Signature of Party)

Printed Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Fax Number: _____

STATE OF FLORIDA
COUNTY OF _____

Sworn to or affirmed and signed before me on _____ **(date)**.

NOTARY PUBLIC or DEPUTY CLERK

***(Print, type, or stamp commissioned
name of notary or clerk.)***

____ Personally known
____ Produced identification
Type of identification produced _____