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|---|--|---|--|---------------------------|
| STATE OF ILLINOIS, CIRCUIT COURT _____ COUNTY | | MOTION TO CONTINUE OR EXTEND TIME | | <i>For Court Use Only</i> |
| Instructions ▼ | | | | |
| Directly above, enter the name of the county where the case was filed. | | | | |
| Enter the name of the person who started the lawsuit as Plaintiff/Petitioner. | | Plaintiff / Petitioner (<i>First, middle, last name</i>) | | |
| Enter the name of the people and businesses sued as Defendants/ Respondents. | | v. | | |
| Enter the Case Number given by the Circuit Clerk. | | Defendants / Respondents (<i>First, middle, last name, or business name</i>) | | Case Number |

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| <p>In 1, check if you are the Plaintiff/Petitioner or Defendant/Respondent.</p> | <p>1. Motion by: <input type="checkbox"/> Plaintiff/Petitioner <input type="checkbox"/> Defendant/Respondent</p> |
| <p>In 2, check the box if you are asking the court to continue (reschedule) a court date that has already been scheduled.</p> | <p><input type="checkbox"/> 2. I am asking the court to continue (reschedule) a court date that has already been scheduled.</p> <p style="margin-left: 40px;">a. Reason for court date: <input type="checkbox"/> Motion <input type="checkbox"/> Trial <input type="checkbox"/> Status <input type="checkbox"/> Other</p> <p style="margin-left: 40px;">b. Date: _____ at _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.</p> <p style="margin-left: 40px;">c. I need a continuance because:</p> |
| <p>In 2a, check the reason for the court date you are asking the court to <u>continue (reschedule)</u>.</p> | |
| <p>In 2b, enter the date and time of the court date you are asking the court to continue (reschedule).</p> | |
| <p>In 2c, explain why you need to continue (reschedule) the court date.</p> | |

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| In 3 , check the box if you are asking for more time to do something (e.g. file an <i>Answer</i>). | <input type="checkbox"/> 3. I am asking the court for more time to do something. a. I need more time to: _____ which has a deadline of: _____ <i>Date</i> |
| In 3a , explain what you are asking for more time to do. | b. I need until: _____ <i>Date</i> |
| In 3b , enter the date you are asking the judge to give you until. | c. I need more time because: |
| In 3c , explain why you need more time. | |

Under the Code of Civil Procedure, [735 ILCS 5/1-109](#), making a statement on this form that you know to be false is perjury, a Class 3 Felony.

If you are completing this form on a computer, sign your name by typing it. If you are completing it by hand, sign and print your name.

Enter your complete address, telephone number, and email address, if you have one.

I certify that everything in the *Motion To Continue Or Extend Time* is true and correct. I understand that making a false statement on this form is perjury and has penalties provided by law under [735 ILCS 5/1-109](#).

/s/

Your Signature

Street Address

Print Your Name

City, State, ZIP

Telephone

Email

Attorney # (if any)

GETTING COURT DOCUMENTS BY EMAIL: You should use an email account that you do not share with anyone else and that you check every day. If you do not check your email every day, you may miss important information, notice of court dates, or documents from other parties.

PROOF OF DELIVERY

1. I am sending the *Motion to Continue or Extend Time*

a. To:

Name:

First

Middle

Last

Address:

Street, Apt #

City

State

ZIP

Email address:

In **1a**, enter the name, mailing address, and email address of the party you are sending the document to. If they have a lawyer, you **must** enter the lawyer's information.

In **1b**, check the box to show how you are sending the document.

CAUTION: If you and the person you are sending the document to have an email address, you **must** use one of the first two options. Otherwise, you may use one of the other options.

In **c**, fill in the date and time that you are sending the document.

b. By:

☐ An approved electronic filing service provider (EFSP)

☐ Email (*not through an EFSP*)

Only use one of the methods below if you do not have an email address, or the person you are sending the document to does not have an email address.

☐ Personal hand delivery to:

☐ The party

☐ The party's family member who is 13 or older, at the party's residence

☐ The party's lawyer

☐ The party's lawyer's office

☐ Mail or third-party carrier

c. On:

Date

at:

Time

☐ a.m.☐ p.m.

In **2**, if you are sending the document to more than 1 party or lawyer, fill in **a**, **b**, and **c**. Otherwise leave **2** blank.

In **2a**, enter the name, mailing address, and email address of the party you are sending the document to. If they have a lawyer, you **must** enter the lawyer's information.

In **2b**, check the box to show how you are sending the document.

CAUTION: If you and the person you are sending the document to have an email address, you **must** use one of the first two options. Otherwise, you may use one of the other options.

In **c**, fill in the date and time that you are sending the document.

If you are sending your document to more than 2 parties or lawyers, check the box and file the *Additional Proof of Delivery* with this form.

Under the Code of Civil Procedure, [735 ILCS 5/1-109](#), making a statement on this form that you know to be false is perjury, a Class 3 Felony.

If you are completing this form on a computer, sign your name by typing it. If you are completing it by hand, sign and print your name.

Enter your complete address, telephone number, and email address, if you have one.

2. I am sending this document:

a. To:

Name:

First

Middle

Last

Address:

Street, Apt #

City

State

ZIP

Email address: _____

b. By:

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☐ The party's lawyer's office

☐ Mail or third-party carrier

c. On: _____ at: _____ ☐ a.m. ☐ p.m.
Date Time

☐ I have completed an *Additional Proof of Delivery* form.

I certify that everything in the *Proof of Delivery* is true and correct. I understand that making a false statement on this form is perjury and has penalties provided by law under [735 ILCS 5/1-109](#).

/s/

Your Signature

Street Address

Print Your Name

City, State, ZIP

Telephone

Email

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