

**LAKE HAVASU CONSOLIDATED COURT
2001 COLLEGE DR. STE 148
LAKE HAVASU CITY, AZ 86403
FAX (928) 680-0193**

REQUEST FOR CONTINUANCE

Case #: _____

Name: _____
 FIRST MIDDLE LAST

Address: _____
 CITY STATE ZIP

Phone #: _____

Fax #: _____

Current Court Date: _____
 MONTH/DAY/YEAR

Length of Continuance Requested:

1 week

2 weeks

3 weeks

30 days

Reason Code: _____ (Enter A-H)

Other (Explain): _____

- A-Schedule Conflict
- B-Work Conflict
- C-Transportation
- D-Court Date for another Court
- E-Incarcerated
- F-Out of town/country
- G-Medical Reasons (attach documentation from medical provider)
- H-Other

FOR COURT USE ONLY

Request Granted:

Request Denied:

Reason:

Judge Date

- A-Not Timely
- B-Previous number of requests
- C-No Conflict Confirmed
- D-Other