

## ORPHANS' COURT FOR HOWARD COUNTY, MARYLAND

Estate Name:

## **MOTION FOR CONTINUANCE / POSTPONEMENT**

Estate No.:

| I,  | Name                    |                                |                         |
|---|-------------------------|--------------------------------|-------------------------|
| move that the court grant a continuance / pos   |                         | eeding listed below:           |                         |
| Type of proceeding:   |                         |                                |                         |
| Currently scheduled date and time:  |                         |                                |                         |
| for the following reasons:  |                         |                                |                         |
|   |                         |                                |                         |
| For those reasons. I request the court continu  | yo / postpope the proce | ading referenced above         |                         |
| For these reasons, I request the court continu I solemnly affirm under the penalties of perjulations. |                         | -                              |                         |
| of my knowledge, information, and belief.   |                         |                                |                         |
| Date  |                         | Signature                      | Attorney Number         |
| Printed Name  |                         | Telephone Number               |                         |
| Address   |                         | Fax                            |                         |
| City, State, Zip  |                         | E-mail                         |                         |
| CEF   | RTIFICATE OF SER        | VICE                           |                         |
| I certify that I served a copy of this motion, u  |                         | ty or parties by $\square$ mai | lling first-class mail, |
| postage prepaid □ hand delivery, on   | Date to:                |                                |                         |
| Name  |                         | Addres                         | S                       |
|   |                         | City, State, Zip               |                         |
| Name  |                         | Addres                         | S                       |
|   |                         | City, State                    | , Zip                   |
| Date  |                         | Signature of Par               | ty Serving              |
| It is ORDERED:  | ORDER                   |                                |                         |
| ☐ the relief requested be GRANTED. ☐ the motion is DENIED. Comments:                                  |                         |                                |                         |
| Date:   | <br>                    |                                |                         |