

STATE OF ILLINOIS, CIRCUIT COURT _____ COUNTY	MOTION TO CONTINUE OR EXTEND TIME	For Court Use Only
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 person being sued as Defendant/Respondent.	V.	
Enter the Case Number given by the Circuit Clerk.	Defendant / Respondent <i>(First, middle, last name)</i>	Case Number

In 1, check if you are the Plaintiff/Petitioner or Defendant/Respondent.	1. Motion by: <input type="checkbox"/> Plaintiff/Petitioner <input type="checkbox"/> Defendant/Respondent
In 2, check the box if you are asking the court to continue (reschedule) a court date that has already been scheduled.	<input type="checkbox"/> 2. I am asking the court to continue (reschedule) a court date that has already been scheduled.
In 2a, check the reason for the court date you are asking the court to continue (reschedule).	a. Reason for court date: <input type="checkbox"/> Motion <input type="checkbox"/> Trial <input type="checkbox"/> Status <input type="checkbox"/> Other
In 2b, enter the date and time of the court date you are asking the court to continue (reschedule).	b. Date: _____ at _____ <input type="checkbox"/> a.m <input type="checkbox"/> p.m.
In 2c, explain why you need to continue (reschedule) the court date.	c. I need a continuance because: _____ _____ _____ _____ _____
In 3, check the box if you are asking for more time to do something (e.g. file an Answer).	<input type="checkbox"/> 3. I am asking the court for more time to do something.
In 3a, explain what you are asking for more time to do.	a. I need more time to: _____ which has a deadline of: _____ <div style="text-align: center; margin-left: 100px;"><i>Date</i></div>
In 3b, enter the date you are asking the judge to give you until.	b. I need until: _____ <div style="text-align: center; margin-left: 100px;"><i>Date</i></div>
In 3c, explain why you need more time.	c. I need more time because: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

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.

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

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.

Print Your Name

City, State, ZIP

Enter your complete current address and telephone number.

Telephone

PROOF OF DELIVERY

In **1a**, enter the name, mailing address, and email address of the party or lawyer to whom you sent the document.

1. I sent this document:

a. To:

Name: _____
First Middle Last

Address: _____
Street, Apt # City State ZIP

Email address: _____

In **1b**, check the box to show how you sent the document, and fill in any other information required on the blank lines.

b. By: Personal hand delivery
 Regular, First-Class Mail, put into the U.S. Mail with postage paid at:

Address of Post Office or Mailbox

Third-party commercial carrier, with delivery paid for at:

Name (for example, FedEx or UPS) and office address

The court's electronic filing manager (EFM) or an approved electronic filing service provider (EFSP)

Email (*not through an EFM or EFSP*)

Mail from a prison or jail at:

Name of prison or jail

CAUTION: If the other party does not have a lawyer, you may send the document by email only if the other party has listed their email address on a court document.

c. On: _____
Date

At: _____ a.m. p.m.
Time

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

2. I sent this document:

a. To:

Name: _____
First Middle Last

Address: _____
Street, Apt # City State ZIP

Email address: _____

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

- b. By: Personal hand delivery
- Regular, First-Class Mail, put into the U.S. Mail with postage paid at:

Address of Post Office or Mailbox

- Third-party commercial carrier, with delivery paid for at:

Name (for example, FedEx or UPS) and office address

- The court's electronic filing manager (EFM) or an approved electronic filing service provider (EFSP)
- Email (*not through an EFM or EFSP*)
- Mail from a prison or jail at:

Name of prison or jail

c. On: _____
Date

At: _____ a.m. p.m.
Time

In 3, if you sent the document to more than 2 parties or lawyers, fill in a, b, and c. Otherwise leave 3 blank.

3. I sent this document:

a. To:

Name: _____
First Middle Last

Address: _____
Street, Apt # City State ZIP

Email address: _____

- b. By: Personal hand delivery
- Regular, First-Class Mail, put into the U.S. Mail with postage paid at:

Address of Post Office or Mailbox

- Third-party commercial carrier, with delivery paid for at:

Name (for example, FedEx or UPS) and office address

- The court's electronic filing manager (EFM) or an approved electronic filing service provider (EFSP)
- Email (*not through an EFM or EFSP*)
- Mail from a prison or jail at:

Name of prison or jail

c. On: _____
Date

At: _____ a.m. p.m.
Time

If you sent your document to more than 3 parties or lawyers, check the box and file the *Additional Proof of Delivery* with this form.

- I have completed an *Additional Proof of Delivery* 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.

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