

STATE OF MAINE

VIOLATIONS BUREAU

Citation No: _____
(insert additional numbers here)

STATE OF MAINE

MOTION TO CONTINUE

v.

(list additional names here)

Now comes (print full name) _____, and requests that the Court continue (postpone) the trial currently scheduled on (print trial date) _____.

Please note: If this motion includes multiple citations (tickets), the answers to the following questions must apply to all cases listed.

Is this the first request you have made to continue a trial in this case? (check one)

Yes No

How long of a continuance are you asking for? (number of days) _____

Are you making this request because of medical reasons? (check one)

Yes No

If you answered **yes** on the previous question, use the attached confidential affidavit (page 2) to explain your request. If you answered **no**, explain the reason for your request here:

I UNDERSTAND THAT THIS REQUEST WILL BE PRESENTED TO THE COURT FOR REVIEW. I FURTHER UNDERSTAND THAT UNLESS THE COURT GRANTS MY REQUEST, THE TRIAL WILL REMAIN AS CURRENTLY SCHEDULED.

I CERTIFY THAT ALL NAMED PARTIES HAVE BEEN NOTIFIED OF THIS FILING.

Date: _____

Respectfully submitted,

Signature

Printed Name

Agency/Department

Mailing Address

Phone Number

ORDER

The Motion to Continue is DENIED.

The Motion to Continue is GRANTED: the traffic trial will be rescheduled. Clerk will send notice to all parties.

Date: _____

Judge, District Court

STATE OF MAINE

VIOLATIONS BUREAU

Citation No: _____

STATE OF MAINE

CONFIDENTIAL AFFIDAVIT

v.

I, _____, have requested that the Court postpone the trial scheduled for my traffic infraction(s) due to medical reasons. Those medical reasons are as follows:

I know and understand the contents of the above statement. I swear or affirm that the statement is true.

Date: _____

Signature

Printed Name