**BEFORE THE
ADMINISTRATIVE HEARING COMMISSION
STATE OF MISSOURI**

ENTER NAME)
 )Petitioner, )
 ) Case No. ENTER CASE NUMBER
 v. )
 )
ENTER NAME )
 )
 Respondent. )

**MOTION FOR CONTINUANCE**

 ENTER PETITIONER OR RESPONDENT moves this Commission to continue the hearing scheduled for Click or tap to enter a date. In support of this motion, ENTER PETITIONER OR RESPONDENT states that ENTER REASON CONTINUANCE IS REQUESTED. ENTER OPPOSING PARTY'S POSITION ON MOTION, IF KNOWN.

 WHEREFORE, ENTER PETITIONER OR RESPONDENT moves this Commission to reschedule the hearing in this matter.

Respectfully submitted,

 ENTER NAME

 ENTER ADDRESS

 ENTER PHONE NUMBER

 ENTER EMAIL

**CERTIFICATE OF SERVICE**

I certify that I provided a copy of this Motion for Continuance to the opposing party by:

[ ]  Mail

[ ]  E-mail

[ ]  Fax

[ ]  Other ENTER OTHER METHOD

 ENTER NAME