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

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

**MOTION FOR EXTENSION OF TIME**

 ENTER PETITIONER OR RESPONDENT moves this Commission to grant an extension of time until ENTER EXTENSION DATE to respond to WHAT EXTENSION IS FOR. An extension is requested in this matter because WHY EXTENSION IS NEEDED ENTER OPPOSING PARTY'S POSITION ON MOTION, IF KNOWN.

 WHEREFORE, ENTER PETITIONER OR RESPONDENT moves this Commission to grant an extension of time until ENTER EXTENSION DATE to respond to WHAT EXTENSION IS FOR.

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 Extension of Time to the opposing party by:

[ ]  Mail

[ ]  E-mail

[ ]  Fax

[ ]  Other ENTER OTHER METHOD

 ENTER NAME