**BEFORE THE**

**ADMINISTRATIVE HEARING COMMISSION**

**STATE OF MISSOURI**

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Enter Full Name,

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Petitioner,

v. Case No. Enter Matter ID

Enter Appointing Authority’s Name,

Respondent.

**MOTION FOR CONTINUANCE OR FOR AN EXTENSION OF TIME**

Party who is filing the Motion. asks this Commission to:

Select a type of Motion. If you chose an extension of time to file, please explain what document you are filing.. In support of its motion, Party who is filing the Motion. states:

1. State facts that support a continuance or extension of time to file.
2. State whether the other party consents or objects to the motion.
3. State how much time is needed.

Respectfully submitted,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type Petitioner’s Name

Type Mailing Address

Type Telephone Number

Type Fax Number

Type E-Mail Address

**CERTIFICATION**

I certify that I provided a copy of this Notice of Voluntary Dismissal to the Respondent by:

**Check all that apply**

|  |  |
| --- | --- |
|  | Mailing a copy, |
|  | Faxing a copy, |
|  | Other method; |

Please explain here what other method you used for certification.

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Type Petitioner’s Name