Person Filing:  Address (if not protected):  City, State, Zip Code:  Telephone:  Email Address:	FOR CLERK'S USE ONLY
Lawyer's Bar Number:  Representing Self, without a Lawyer or	Attorney for Petitioner OR Respondent
	RIOR COURT OF ARIZONA I MARICOPA COUNTY
In the matter of:	Case Number: JA
	REQUEST FOR CONTINUANCE OF FINAL ADOPTION HEARING
Petitioner(s):	
Hearing Date and Time:	
Assigned Judicial Officer:	
Attorney:E-mail:	Phone:
	f Final Adoption Hearing, Petitioner(s) avow that all required items hav
	be continued for days.
This document shall be filed with the Cl	rk of Superior Court and a copy provided to the assigned judicial office

	Case #:			
By signing this document, Petitioner or attorney for Petitioner verification accurate to the best of his or her ability.	ies that all the information provided is t	rue and		
Signature:	Date:			
Printed Name:	_			
NOTE: The Final Adention Heaving will be react by minute out	<b>L</b> un,			
NOTE: The Final Adoption Hearing will be reset by minute entry.				