



Lewisville Municipal Court  
P.O. Box 299002  
Lewisville, Texas 75067  
972.219.3436  
Fax 972.219.3708

**DEFENDANT’S REQUEST FOR CONTINUANCE OF COURT DATE**

Defendant’s Name: \_\_\_\_\_  
Citation No(s): \_\_\_\_\_  
Offense(s): \_\_\_\_\_  
Defendant’s Date of Birth: \_\_\_\_\_ Driver’s License # \_\_\_\_\_

**MOTION FOR CONTINUANCE**

I, \_\_\_\_\_, Defendant, hereby request a continuance of thirty (30) days in the hearing on the above-referenced cause.

I am submitting this request at least three (3) business days prior to my assigned court date and understand that if my motion is granted, I will have to appear in Court on the next scheduled Court date. Show cause and indigency hearings are not eligible for a reset.

Signed on \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Defendant’s Signature

Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

*For Office Use Only*

**ORDER ON REQUEST FOR CONTINUANCE**

On \_\_\_\_\_, the Court considered the Defendant’s Motion for Continuance filed in this cause. After considering the motion and reviewing the record and evidence filed in support of the motion, if any, the Court:

**GRANTS / DENIES** the motion, and will continue this case until \_\_\_\_\_ m. on \_\_\_\_\_ 20\_\_\_\_.

SIGNED this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.



\_\_\_\_\_  
JUDGE PRESIDING

If request by mail, please mail your completed Motion for Continuance to:  
Lewisville Municipal Court  
P.O. Box 299002  
Lewisville, Texas 75067  
Or

Fax to (972) 219-3708

If you have questions or need more information, you may contact the Court at (972) 219-3436

**THIS REQUEST DOES NOT GUARANTEE A RESET – THE JUDGE WILL MAKE THE FINAL DECISION.**