**Probate - Request for Continuance**

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| IN THE MATTER OF:  |       | Case Number MI- |       |

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| --- | --- | --- |
| Hearing Date |       |  |
|  |
| **[ ]  Central Clinic**  | **[ ]  GCBHS**  |  **[ ]  Talbert House**  |  **[ ]  LYS**  |  **[ ]  VA**  |
| **[ ]  New Path**  |  **[ ]  Central Connection**  | **[ ]  Other:**  |       |

**Reasons for Request for Continuance:**

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| [ ]  | New client on probate assigned to agency within last 30 days |
| [ ]  | Case being transferred to another agency |
|  | Accepting Agency |       |
|  | Transferring Agency |       |
|  | Date CM/MD Assigned |       | Last/Next Scheduled Appt |       |

|  |  |
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| [ ]  | Client wishes to attend their hearing and unable due to:      |

|  |  |
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| [ ]  | Specific detailed reason not stated above:      |

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|  |  |       |
| Signature of Case Manager | Date of Report |
|       |  |       |
| Printed Name of Case Manager  | Case Manager’s Phone Number |