**Probate - Request for Continuance**

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

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

**Reasons for Request for Continuance:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 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 |  |

|  |  |
| --- | --- |
|  | Client wishes to attend their hearing and unable due to: |

|  |  |
| --- | --- |
|  | Specific detailed reason not stated above: |

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