

**Austin Municipal Court  
Youth Services Program  
P.O. Box 2135  
Austin, TX 78768  
512-974-4822 (fax)**

Date: \_\_\_\_\_

To the Honorable Judge:

I am requesting a motion of continuance for my son/daughter:

Juvenile's Name: \_\_\_\_\_ Cause Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Court Date: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Court Time: \_\_\_\_\_

Reason for the request:

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\_\_\_\_\_  
Print Name  
(parent guardian)

\_\_\_\_\_  
Signature  
(parent or guardian)

*\*\*The request can be mailed or faxed to the Youth Services department. Upon receiving the request, you will be notified by phone. If the request is granted, a notice with the new court date will be mailed to the juvenile's current address\*\**