



**CERTIFICATE OF SERVICE**

The undersigned hereby certifies that a copy of the above Motion to Continue Trial was served upon:

[Check one method of service for each party served]

Name: \_\_\_\_\_  
[name of service recipient]

Mail: \_\_\_\_\_  
[street address]

\_\_\_\_\_  
[city, state, & zip code]

Fax: \_\_\_\_\_  
[fax number, including area code]

Hand Delivery: \_\_\_\_\_  
[address where delivered, city, state, & zip code]

Electronic Mail: \_\_\_\_\_  
[electronic mail (email) address]

Date of Service: \_\_\_\_\_  
[month, day, and year that the document was served]

Name: \_\_\_\_\_  
[name of service recipient]

Mail: \_\_\_\_\_  
[street address]

\_\_\_\_\_  
[city, state, & zip code]

Fax: \_\_\_\_\_  
[fax number, including area code]

Hand Delivery: \_\_\_\_\_  
[address where delivered, city, state, & zip code]

Electronic Mail: \_\_\_\_\_  
[electronic mail (email) address]

Date of Service: \_\_\_\_\_  
[month, day, and year that the document was served]

Are there more than two parties to be served? Yes No If so, attach a list of additional recipients to this form.

\_\_\_\_\_  
[sign your name]

\_\_\_\_\_  
[print your full name]

## MOTION TO CONTINUE TRIAL PROCEDURES

If you wish to request that the court postpone your trial to a later date, you may complete this form. You may file the Motion to Continue Trial yourself and act on your own without an attorney, or you may hire an attorney to represent you. It is your choice to hire an attorney or to represent yourself.

The form has four parts: the Motion to Continue Trial, the Notice of Hearing, the Certificate of Service, and the proposed Order of Continuance. (See detailed instructions for completing these parts below.)

General questions regarding this process may be directed to the court's information line at **800-599-5155** or **402-471-6468** or you may contact the court by email from our website (<http://www.wcc.ne.gov>). Case-specific inquiries should be directed to a lawyer, as the Nebraska Workers' Compensation Court cannot provide legal advice.

See Nebraska Workers' Compensation Court Rules 2 and 3.

### MOTION INSTRUCTIONS

These instructions and forms are a product of the Nebraska Workers' Compensation Court and are provided as a public service. THE NEBRASKA WORKERS' COMPENSATION COURT DOES NOT REPRESENT THAT THESE INSTRUCTIONS AND FORMS WILL BE APPROPRIATE IN EVERY CASE. ANY QUESTIONS YOU MAY HAVE REGARDING THE USE OF THE INSTRUCTIONS AND FORMS SHOULD BE DIRECTED TO A LAWYER.

#### HEADING

- Enter your name, the name of your employer and/or its insurance carrier, and the docket and page (case number) **as originally listed in previous documents**. If you are unsure of the heading information, you may contact the clerk's office to obtain the heading information.

#### BODY OF THE MOTION

Introductory Paragraph: Enter which party you are (plaintiff or defendant(s)). Enter the name of the trial judge. Enter the date, time and location of your currently scheduled trial.

Blank Space: Explain why you are requesting the court to postpone your trial or hearing to a later date. Attach additional pages, if needed. Be sure to indicate in the blank space that additional pages are attached.

Closing Paragraph: Enter the minimum number of additional days you are requesting (for example, 30, 60, or 90 days).

#### SIGNATURE, ADDRESS, AND TELEPHONE

- Sign your name in the space provided.
- Print your full name in the space provided, as you entered it in the heading.
- Print your address in the space provided.
- Print your telephone number in the space provided.

**NOTE:** If your address or phone number changes, contact the clerk's office to ensure that you will continue receiving important notifications about your case.

### NOTICE OF HEARING

#### Schedule the hearing:

- Call the assistant to the judge who is assigned to your case to obtain a hearing date, time, and location (if the hearing is in-person) or telephonic hearing information.
- Schedule the hearing date with enough time to allow the required three days to provide the other party(ies) a copy of the Motion to Continue Trial and any attachments.

#### Complete the Notice of Hearing section:

- The judge's assistant will give you the hearing information that is required to complete the hearing notice.
- Check the appropriate box for an in-person hearing or telephonic hearing.
- Enter the judge's name, add the hearing date and time information, and enter the location information if the hearing is held in-person. If the hearing is by telephone, enter your telephone number. If you do not have the capability of initiating a telephone conference, indicate that the other party will initiate the call (for example, if you are the plaintiff, indicate that defendant will initiate the call).

#### SIGNATURE

- Sign your name in the space provided.
- Print your full name in the space provided, as you entered it in the heading.

### CERTIFICATE OF SERVICE

Court rules require proof that you have served certain documents on the other parties in a case. To serve someone means you have given them a copy of the document in a way that is permitted under Nebraska Workers' Compensation Court Rule 3,B,1 (available on the Publications & Forms section of our website at <http://www.wcc.ne.gov>). There are several methods of service available, but the most common method is by mail. Complete the Certificate of Service to show that you did send a copy of the document to the other party(ies). If there are more than two additional parties to be served, check the box labeled "Yes" and attach a list of additional recipients. If not, check the box labeled "No."

- Enter the name of each person you will serve. Select the correct method of service by checking the appropriate box and enter the corresponding information (e.g., for service by mail, provide the address that you used). Enter the date of service.

#### SIGNATURE

- Sign your name in the space provided.
- Print your full name in the space provided, as you entered it in the heading.

### ORDER OF CONTINUANCE (HEADING ONLY)

- On the attached proposed Order of Continuance, enter your name, the name of your employer and/or its insurance carrier, and the docket and page (case number) **as originally listed in previous documents**. If you are unsure of the heading information, you may contact the clerk's office to obtain the heading information.

Once you have fully completed all parts of the Motion to Continue Trial form, make at least two copies of the form and any attachments. The original is for the court file. You must provide a copy of the completed Motion to Continue Trial form along with attachments to the other party(ies) according to the service method you indicated in the Certificate of Service (see above). Keep one copy for your records. You may mail, fax, or hand-deliver the original Motion to Continue Trial form along with the proposed Order of Continuance to the court.

Mail to: <b>Nebraska Workers' Compensation Court</b> P.O. Box 98908 Lincoln NE 68509-8908	Fax to: <b>402-471-8231</b>	Hand-deliver (or deliver by FedEx, UPS, etc.) to: <b>Nebraska Workers' Compensation Court</b> 1010 Lincoln Mall, Suite 100 Lincoln NE 68508
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