

State of Minnesota

District Court

County of: _____

Court File Number: _____

Judicial District: _____

Case Type: _____

Plaintiff/Petitioner

VS/AND

Defendant/Respondent

Attorney's Personal Leave Continuance Application (OTH1102)

Minn. Gen. R. Prac. 18

1. My name is _____.

a. I am substantially involved in the representation of the following party:

_____, who in this case is the

Plaintiff/Petitioner Defendant/Respondent.

b. I will remain substantially involved in this party's representation following this personal leave continuance.

2. The rule regarding Personal Leave Continuance applies to all case types except those listed in Minn. Gen. R. Prac. 18(a). This case type is not one of the excepted case types. It is not:

- a. An order for protection (domestic abuse, OFP) case under Minn. Stat. § 518B.01;
- b. A harassment restraining order (HRO) case under Minn. Stat. § 609.748;
- c. A summary eviction case under Minn. Stat. §§ 504B.281 – 504B.371 or a summary tenant case under Minn. Stat. §§ 504B.375 – 504B.471;
- d. A criminal case governed by Minn. R. Crim. P.;
- e. A commitment case governed by the Minn. Spec. R. Commitment & Treatment Act;
- f. A juvenile delinquency or extended juvenile case governed by Minn. R. Juv. Delinq. P.;
- g. A juvenile protection (CHIPS) case governed by the Minn. R. Juv. Prot. P.; or
- h. An adoption case governed by the Minn. R. Adoption P.

3. I request a personal leave continuance in this case for _____ days, and

a. My client has given informed consent, as defined in Minn. R. Prof. Conduct 1.0(f), to this continuance.

b. I seek this personal leave continuance in good faith and not merely for delay.

4. Personal leave is required because:

- A health condition makes me temporarily unable to represent the party.
- The birth or adoption of a child.
- The need for me to care for or attend to a spouse, household member, dependent, or family member who has a serious health condition.
- The death of a family or household member.

I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat. § 358.116

Date: _____

Signature: _____

County and state where signed:

Name: _____

Attorney ID: _____

Firm Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____