

[CAPTION]

**AFFIDAVIT IN SUPPORT OF MOTION FOR CONTINUANCE BECAUSE OF ILLNESS  
OF DEFENDANT/WITNESS**

I, [insert doctor or hospital official's name], state as follows:

1. I am a physician licensed in the State of Indiana.
2. I am presently providing medical care and treatment to [insert witness' name],

whose condition at this time is as follows:

- a. \_\_\_\_\_;
- b. \_\_\_\_\_;
- c. \_\_\_\_\_.

3. My medical opinion is that [insert witness' name] is incapable of attending the trial presently scheduled for [insert date]

4. My medical opinion is that the probable duration of the witness' incapacity to attend the trial is [insert estimated duration].

(Signature of Attorney)

I affirm, under the penalties for perjury, that the foregoing representations are true.

(Signature of physician)

STATE OF INDIANA )

) SS:

COUNTY OF \_\_\_\_\_ )

Before me, a Notary Public in and for said county and state, personally appeared \_\_\_\_\_, who, after being first duly sworn, stated that the foregoing representations were true and correct to the best of his knowledge and belief.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 201\_.

\_\_\_\_\_  
Notary Public  
Resident of \_\_\_\_\_ County

My Commission Expires: \_\_\_\_\_