

**COUNTY OF CUYAHOGA
COMMISSION ON HUMAN RIGHTS**

IN THE MATTER OF:

Complainant

v.

Respondent(s)

Case Number _____

REQUEST FOR EXTENSION OF TIME

Name of each party making this motion. _____

I move for an extension of time to file me:

___ Response to complaint (respondents)

___ Hearing

___ Other: _____

Original filing deadline _____ **Proposed new deadline** _____

Number and disposition of extensions I have requested prior to this one: _____

Why an extension is needed

Signature and address of each person making this motion

If signing for a business or organization, include your title or position in it (e.g. owner, manager).

Print title, organization, address:

_____	_____
_____	_____
_____	_____

You must SERVE a copy of this motion on every other party, plus the CCHRC:

File original and one copy at

**Cuyahoga County Human Rights Commission
c/o Cuyahoga County Department of Law
2079 East Ninth Street, 7th Floor
Cleveland, Ohio 44115
Phone 216-698-6464**