

IN THE Court of Appeals or the Supreme Court  
**OF THE STATE OF KANSAS**

Plaintiff \_\_\_\_\_,

Party Identifier Appellant or Appellee,

vs.

Appeal No. Appellate Case Number

Defendant \_\_\_\_\_,

Party Identifier Appellant or Appellee.

**MOTION FOR ADDITIONAL TIME**

Comes now Name of Court Reporter, Official Court Reporter for the Number Judicial District of Kansas, and respectfully requests an extension of time of 40 days in which to prepare and file the transcript of the proceedings in the above-captioned matter.

The length of the proceedings was 10 day(s), and I estimate the transcript to be approximately 1,500 pages in length. The transcript is now 45 % completed. This is my First, Second, etc. request for extension of time in this matter.

The transcript is presently due XX/XX/XXXX. [If the request for extension of time is filed after the due date, also state the reasons constituting excusable neglect. See Supreme Court Rule 5.02(c) (2018 Kan. S. Ct. R. Annot. 36).] I have previously requested 1, 2 etc. extensions. I need an additional 40 days to complete the transcript because:

Please type your reasons here as to why you need the additional time and any reasons constituting excusable neglect if the motion is late.

/s/Name of Court Reporter, CCR/CSR

Official Court Reporter

Supreme Court Certification No. ID #

Name of County County, Kansas

Address: Work Address

Email Address: Email Address (you wish to be served at)

Telephone: (XXX)XXX-XXXX

**CERTIFICATE OF SERVICE**

I, Name of Court Reporter, CCR/CSR, hereby certify that I filed the original of the above and foregoing MOTION FOR ADDITIONAL TIME and that I served a true and correct copy on this #      day of Month, 20Year, to:

Clerk of the Appellate Courts

Via Method of Service, This line is blank, if method of service is e-filing. Address line if mailing by U.S. Mail or the Fax Telephone Number.  
Additional line if needed for address \_\_\_\_\_

Attorney/Party Name Name of the Pro se or Attorney

Attorney for: Name of the Party they represent if Attorney is listed above; blank if party is a Pro se.

Via Method of Service, This line is blank, if method of service is e-filing; address line if mailing by U.S. Mail or EMAIL address or the Fax Telephone Number.  
Additional line if needed for address \_\_\_\_\_

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Additional line if needed for address \_\_\_\_\_

Attorney/Party Name \_\_\_\_\_

Attorney for: \_\_\_\_\_

Via \_\_\_\_\_, \_\_\_\_\_

Attorney/Party Name \_\_\_\_\_

Attorney for: \_\_\_\_\_

Via \_\_\_\_\_, \_\_\_\_\_

Attorney/Party Name \_\_\_\_\_

Attorney for: \_\_\_\_\_

Via \_\_\_\_\_, \_\_\_\_\_

Attorney/Party Name \_\_\_\_\_

Attorney for: \_\_\_\_\_

Via \_\_\_\_\_, \_\_\_\_\_

/S/Name of Court Reporter, CCR/CSR  
Official Court Reporter