

## REQUEST FOR RESCHEDULE

HEARING INFORMATION

DATE \_\_\_\_\_

Date	Case #
Respondent's Name	Hearing Location

### ATTORNEY OR RESPONDENT INFORMATION

Name	Phone Number
Law Firm	

### RESCHEDULE REASON

<input type="checkbox"/> Court Conflict	Date/Court Location
<input type="checkbox"/> Other	Please Explain

### AVAILABILITY FOR RESCHEDULE

Please circle the dates you ARE NOT available during the next sixty (60) days:

Fax to: (303) 205-5700

Month \_\_\_\_\_

Month \_\_\_\_\_

Month \_\_\_\_\_

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

**SIGNATURE REQUIRED:** I understand that pursuant to 42-2-126(6)(a) CRS my privilege to drive (or my client's privilege to drive) in Colorado will be revoked as of the original hearing date, and such revocation will be rescinded should I prevail at the scheduled hearing. If I am an attorney signing for my client, I certify that I have fully advised my client of the above facts and that he or she is willing to have this matter continued under those circumstances.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date