



**ATTORNEY or RESPONDENT RESCHEDULE REQUEST**

TODAY'S DATE \_\_\_\_\_

Hearing Date:	Time:	Case #
Respondent Name:		Location or Telephone Hearing

**ATTORNEY OR RESPONDENT INFORMATION**

Name	Phone Number
Law Firm (if applicable)	
Bar # (if applicable)	Preferred Contact Method <input type="checkbox"/> fax <input type="checkbox"/> email
Fax #	Email Address

**RESCHEDULE REASON**

<input type="checkbox"/> Court Conflict	Court	Case #
<input type="checkbox"/> Other	Reason:	
<input type="checkbox"/> Requesting to appear by phone in addition to rescheduling		

Please circle the dates you ARE NOT available during the next thirty (30) days and  
**EMAIL TO: dor\_info\_hearings@state.co.us**

Month _____	Month _____																																																																						
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**SIGNATURE REQUIRED:**

I understand that pursuant to C.R.S. §42-2-126(6)(d) 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client's privilege to drive) in Colorado will be revoked as of the original hearing date, and such revocation will be rescinded should I prevail at the scheduled hearing.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