



## REQUEST TO APPEAR BY PHONE FOR AN IN-PERSON HEARING

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

Hearing Date	Time	Case #
Respondent Name		Location of Hearing

### REQUESTOR INFORMATION

Name Of Requestor
<input type="checkbox"/> Respondent
<input type="checkbox"/> Attorney Bar Number _____
<input type="checkbox"/> Officer Agency _____ Badge Number _____
Phone Number where you can be reached for the hearing:
Reason for request:

If your request is approved, the hearings division will notify you by phone, and the hearing officer will call you at the number listed above at the scheduled hearing time.

**EMAIL TO: [dor\\_info\\_hearings@state.co.us](mailto:dor_info_hearings@state.co.us)**