



OFFICER REQUEST FOR RESCHEDULE

TODAY'S DATE _____

Hearing Date	Time	Case #
Respondent Name		Location or Telephone Hearing

OFFICER INFORMATION

Agency Name	Officer Name
Badge No.	<input type="checkbox"/> Notice <input type="checkbox"/> Subpoena
Phone Number	

RESCHEDULE REASON

<input type="checkbox"/> Court Conflict	Court	Case #
<input type="checkbox"/> Vacation/Personal <input type="checkbox"/> Medical	Dates	Reason
<input type="checkbox"/> Training	Dates	Mandatory <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Requesting to appear by phone in addition to rescheduling		

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

EMAIL TO: dor_info_hearings@state.co.us

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				

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				

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				

Preferred Hearing Days/Times (Circle all that apply)				
*We will attempt to accommodate preferences, but can make no guarantees.				
Monday AM	Tuesday AM	Wednesday AM	Thursday AM	Friday AM
Monday PM	Tuesday PM	Wednesday PM	Thursday PM	Friday PM