



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client's privilege to drive) in Colorado will be revoked as of the original hearing date, and such revocation will be rescinded should I prevail at the scheduled hearing.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