



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