



### 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)	Email Address

#### RESCHEDULE REASON

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client's privilege to drive) in Colorado will be revoked as of the original hearing date, and such revocation will be rescinded should I prevail at the scheduled hearing.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