

Attorney or Respondent Reschedule Request

Today's Date

Hearing Date

Time

Case Number

Respondent Name

Attorney or Respondent Information

Name

Phone Number

Law Firm

Bar Number (If Applicable)

Email Address

Reschedule Reason

Court

Case Number

Court Conflict

Dates

Reason

Other

Please list the dates you **are not** available during the next sixty (60) days separated by a comma and
Email to: dor_info_hearings@state.co.us

Month

Dates

Month

Dates

Month

Dates

The 60th day is a jurisdictional issue and cannot be waived. See *Emmons v. Colorado Department of Revenue*, 2020 C.O.A. 17, ¶ 31 (Colo. App. 2020).

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client's privilege to drive) in Colorado will be revoked as of the original hearing date, and such revocation will be rescinded should I prevail at the scheduled hearing.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