

Officer Request for Reschedule

Today's Date

Hearing Date Time Case Number

Respondent Name

Location or Telephone Hearing

Officer Information

Agency Name

Officer Name

Badge Number

Phone Number Email Address Notice Subpoena

Reschedule Reason

		Court
	Dates	
Court Conflict		Case Number
	Dates	Reason
Vacation/Personal		
	Dates	Reason
Medical		
	Dates	Reason
Training		
Is training mandatory?	Yes	No

Please list the dates you **are not** available during the next sixty (60) days separated by a comma:

Month Dates

Month Dates

Month Dates

Email to: dor_info_hearings@state.co.us