

REQUEST FOR CONTINUANCE

Submit this form if you need to postpone your hearing to a later date.

1. CASE INFORMATION

Case Name: _____ File Number: _____

2. PERSON REQUESTING TO POSTPONE THE HEARING

Name: _____

Attorney/Representative Name (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

3. REASON TO POSTPONE THE HEARING

Date of Hearing: _____ Hearing Location: _____

Explain why you cannot attend the hearing on the scheduled date and time:

I learned these facts on (date): _____

4. DOES ANYONE DISAGREE WITH RESCHEDULING?

I confirm that I have contacted all other parties to see if they agree to reschedule the hearing.

NOT OPPOSED: All parties agree to reschedule the hearing.

OPPOSED: At least one party does not agree to reschedule.

UNKNOWN: Explain your efforts to contact other parties:

5. ALTERNATIVE HEARING DATES

Provide at least three dates you are available for a rescheduled hearing:

1. _____

2. _____

3. _____

Were the dates coordinated with all parties?

Yes

No

6. TIME WAIVER

By making this request, I understand that my hearing may be scheduled for a later date, even though I may have a legal right to an earlier hearing. I agree to waive the legal time limits that would normally require my case to be heard sooner.

7. SIGNATURE

I certify that the contents of this form are true and correct to the best of my knowledge.

Signature: _____

Date: _____

Printed Name: _____

Submit a signed copy of the completed form to:

CalRecycle Hearing Office

1001 I Street, MS 25-54, Sacramento, CA 95814

Email: HearingOffice@calrecycle.ca.gov

*Your information may be subject to disclosure under the Public Records Act unless protected by law.
See our full privacy policy at <https://calrecycle.ca.gov/Help/Privacy/>.*