



TO: Scheduling Unit, Administrative Hearings Office
Scheduling.Unit@aho.nm.gov

DATE: _____

FROM: _____

Hearing Information

Name: _____

Type of Hearing: _____

Hearing Date: _____

REQUEST FOR CONTINUANCE

I am requesting a continuance in the matter listed above. I understand that a continuance may only be granted by order of the Administrative Hearings Office. Under the applicable regulation, I also understand that the request must be received at least three (3) working days prior to the hearing and that good cause must exist before the continuance is granted. If the request is received less than three (3) working days before the hearing, then I understand that the grounds for receiving a continuance must be extraordinary, unforeseen circumstances unknown before the time of the request. I also understand that no continuance may be granted unless there is adequate time to provide notice to the parties, subpoena witnesses and conduct the rescheduled hearing before expiration of any statutory jurisdictional deadline.

My good cause for the request for continuance is:

I understand that I should attempt to contact the opposing party prior to submission of this request to find out their position:

☐ I have not been able to learn the opposing party's position prior to requesting this continuance.

☐ I have contacted the opposing party and they ☐ oppose/ ☐ do not oppose the request for continuance.

Signature
Printed Name:
Mailing Address:

Telephone:
Email Address: