

**REQUEST FOR CONTINUATION OF HEARING**  
(*See 37 Pa. Code Section 71.5*)

Form shall be submitted to: [RA-PMHEARINGDIVISONC@pa.gov](mailto:RA-PMHEARINGDIVISONC@pa.gov)

**Requestor Name** Click or tap here to enter text. **Requestor:** Choose an item.

**Parolee Name:** Click or tap here to enter text. **Date Submitted:** Click or tap to enter a date.

**Parole #** Click or tap here to enter text. | **Hearing Location** Click or tap here to enter text.

**Hearing Type** Choose an item. | **Hearing Date** Click or tap to enter a date.

**Preferred New Date** (choose one)

first available date Click or tap here to enter text.

within 30 days

within 60 days

**Reason**

To secure counsel representation

To further review the case with counsel

Unavailability of parolee

Unavailability of agent

Unavailability of witnesses

Failure of subpoenaed witnesses to attend

Other: Click or tap here to enter text.

**Non-Requesting Party**

**Respondent Name** Click or tap here to enter text.

*In response to above motion for continuance, I:*   do not object|  object (list reason below).

**Reason** (enter reason)

Click or tap here to enter text.

*Hearing Division Use Only*

**Prior Continuances:** Choose an item. | **Continuance Number:** Choose an item.:

**Hearing Examiner:** Choose an item.

**Decision:**

Granted

Denied

**Date:** Click or tap to enter a date.