

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

Form shall be submitted to: 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.