

| REQUEST FOR CONTINUANCE | | DOCKET NO.: _____ |
|---|---|-------------------------|
| Representative's Name Business Address City, State, ZIP Telephone/Fax | | |
| Requesting Party is: | <input type="checkbox"/> Claimant <input type="checkbox"/> Employer <input type="checkbox"/> Department of Labor <input type="checkbox"/> Other: | |
| Reason for continuance request: | | |
| If a witness or the attorney or representative is unavailable, could someone else substitute? | <input type="checkbox"/> Yes If Yes, list names of alternative witness(es): <input type="checkbox"/> No | |
| Please list alternative dates for hearing: | | |
| Please Sign and Date Here: | _____ Signature Date | |
| DO NOT ENTER INFORMATION BELOW : | | FOR TRIBUNAL USE ONLY |
| Assigned Judge: | | (Affix Date Stamp Here) |
| Date of Hearing: | | |
| Time of Hearing: | | |
| Request timely? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Request is GRANTED | <input type="checkbox"/> Hearing to be set by Clerk <input type="checkbox"/> Other: <input type="checkbox"/> Hearing is set by Judge for: _____ at ____:____ o'clock ____ m. | |
| Request is DENIED | <input type="checkbox"/> Request is not timely <input type="checkbox"/> Insufficient information <input type="checkbox"/> Insufficient cause <input type="checkbox"/> Other: | |
| Judge's Signature: | | Date:: |
| ACTION TAKEN | | FOR TRIBUNAL USE ONLY |
| Dates available for hearing: | | |
| Requesting Party Notified: | Date _____ Time _____ <input type="checkbox"/> Notice of Hearing <input type="checkbox"/> Telephone <input type="checkbox"/> Voice Mail | |
| Other Party Notified: | Date _____ Time _____ <input type="checkbox"/> Notice of Hearing <input type="checkbox"/> Telephone <input type="checkbox"/> Voice Mail | |
| New Hearing Set | Date _____ Time _____ Judge _____ By _____ | |

Please return the REQUEST FOR CONTINUANCE to: Nebraska Appeal Tribunal, P.O. Box 98941, Lincoln, NE 68509.
 You may also fax this to the Tribunal at: (402) 471-1734