

CLAIMANT'S REQUEST FOR CONTINUANCE		DOCKET NO.: _____
Claimant's Name Address City, State, ZIP Telephone Number		
Reason for continuance request:		
If a witness 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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