

REQUEST FOR CONTINUANCE	DOCKET NO.: <u>16 XXXX</u>
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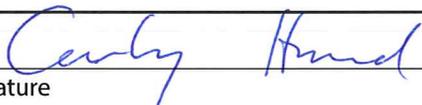
Representative's Name Business Address City, State, ZIP Telephone/Fax	Curly J. Howard, Attorney 878 Wiseguy Way Anywhere, NE 68999 (402) 555-5555
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Requesting Party is:	<input type="checkbox"/> Claimant <input checked="" type="checkbox"/> Employer <input type="checkbox"/> Department of Labor <input type="checkbox"/> Other:
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Reason for continuance request:	The attorney for the employer has a previously scheduled trial in another jurisdiction and will be unable to appear at the telephone hearing.
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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 checked="" type="checkbox"/> No
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Please list alternative dates for hearing:	March 3, 2016, March 7, 2016
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Please Sign and Date Here:	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">  Signature </div> <div style="text-align: center;"> <u>2-31-16</u> Date </div> </div>
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DO NOT ENTER INFORMATION BELOW	FOR TRIBUNAL USE ONLY
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Assigned Judge:		(Affix Date Stamp Here)
Date of Hearing:		
Time of Hearing:		
Request timely?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

<input checked="" type="checkbox"/> 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.
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<input checked="" type="checkbox"/> Request is DENIED	<input type="checkbox"/> Request is not timely <input type="checkbox"/> Insufficient information <input type="checkbox"/> Insufficient cause <input type="checkbox"/> Other:
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Judge's Signature:	Date: _____
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ACTION TAKEN	FOR TRIBUNAL USE ONLY
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Dates available for hearing:	
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Requesting Party Notified:	Date _____ Time _____	<input type="checkbox"/> Notice of Hearing <input type="checkbox"/> Telephone <input type="checkbox"/> Voice Mail
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Other Party Notified:	Date _____ Time _____	<input type="checkbox"/> Notice of Hearing <input type="checkbox"/> Telephone <input type="checkbox"/> Voice Mail
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New Hearing Set	Date _____ Time _____	Judge _____	By _____
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