



State Office of Administrative Hearings

P.O. Box 13025, Austin, Texas 78711-3025
Phone 512.475.4993 | Fax 512.522.5263

Motion for Continuance by Self-Represented Litigant

Case Name:

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SOAH Docket Number:

Printed Name

Email Address

Mailing Address

City

State

Zip Code

Current Hearing Date

Current Hearing Time

Virtual Hearing Room Number (this is found in the Virtual Hearing Password and will read as ALRVHR*** with the asterisks representing the hearing room number for your hearing)

1. I am unable to attend the hearing on the scheduled date and time because:

2. I learned these facts on _____.

3. I contacted _____, who is the DPS attorney to my case.

4. The DPS attorney:

DOES NOT OPPOSE the continuance.

OPPOSES the continuance.

WAS NOT AVAILABLE to discuss the request.

I understand that the judge may grant or deny the request, regardless of whether both parties agree to a continuance, and the judge may not be able to reschedule the case for a specifically requested date if one was provided.

I certify that on this date I served a copy of the Motion for Continuance to the DPS attorney by the following means:

First Class Mail

Fax

Email

Signature

Date