

## SOTP/IDAP Hearing

### Continuance Request

**SOTP/IDAP Hearing Notice #** \_\_\_\_\_

**Incarcerated Individual Name:** \_\_\_\_\_

**DOC Number:** \_\_\_\_\_

**Institution:** \_\_\_\_\_

**Scheduled Hearing Date:** \_\_\_\_\_

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**I am requesting that the ALJ hearing scheduled for the SOTP/IDAP matter on the above date be postponed or continued for the following reason(s):**

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**Incarcerated Individual:** \_\_\_\_\_

**(Signature)**

**Date:** \_\_\_\_\_

**Note: Because your request may be denied by the ALJ, you should continue to prepare for your scheduled hearing.**

Originally: OP-SOP-09. Effective: Jan. 2016. Reviewed: Sept. 2017.  
Moved to IS-CL-10: Aug. 2018. Reviewed: Sept. 2020.