

Incarcerated Individual Name:	OID:
Facility: Select A Facility	Living Unit/Cell:

Request for Continuance of Discipline Hearing

I request a continuance of the following discipline report:

Report #:	Date of Incident:
Reporting Officer(s):	

Reasons for continuance:

- ☐ To obtain representation
☐ To prepare defense
☐ Other _____

I realize this request must be received by the Discipline Unit by noon one working day prior to the scheduled hearing.

Incarcerated Individual Signature: _____

Received in Discipline:

Date: _____ **Time:** _____

Discipline Staff Initials: _____

Discipline Staff Printed Name: _____