

Administrative Driver's License Revocation Office ("ADLRO")
American Savings Bank Tower
1001 Bishop Street, Suite 500
Honolulu, Hawai'i 96813
Telephone: (808) 534-6800 / Fax: (808) 534-6888
Toll Free Number: 1-866-826-5656

Website: www.courts.state.hi.us/courts/administrative/adlro.html

REQUEST FOR CONTINUANCE / NOTICE OF CONTINUED ADMINISTRATIVE HEARING

Respondent's Name:	Case No.:
c/o:	SSN: xxx-xx-
Address:	Phone No.:
	Fax No:
Hearing date and time:	
State your reasons for requesting a continuance. A "continuance" means interruption of a hearing that has commenced, other than for recesses du must verify with ADLRO whether your continuance has been granted; ADL	uring the day or at the end of the day or week. You
Signature of Requestor Date	
Continuance of Administrative Hearing	Request for Interpreter
[] Respondent's continuance [] Director's continuance	[] Yes [] No
[] Granted fromto	
[] Denied	Digital Recording?
Extension of Temporary Driver's Permit	[] Yes [] No
[] Granted from to	Hearing Officer:
[] Denied [] Declined by respondent/counsel	ADLRO to Subpoena
Comments:	[] Yes [] No See above Notice of Continued Hearing [] Personal Receipt Sent via [] USPS [] Fax
for Chief Adjudicator Date	Byon
Acknowledgement of Notice of Continued Hearing Date and Time:	FOR OFFICE USE ONLY
Respondent or Authorized Representative Date	