

NEW HAMPSHIRE STATE DEPARTMENT OF EDUCATION  
USERS' GUIDE TO ADMINISTRATIVE PROCESS

**Written Request for Continuance of Hearing**

To: \_\_\_\_\_  
[enter Hearing Officer name here]

From: \_\_\_\_\_  
[enter your name]

Copy: Stephen W. F. Berwick, Legislation/Hearings

Date: \_\_\_\_\_ Case #: \_\_\_\_\_

NOW COME \_\_\_\_\_  
[Parent/Guardian/Client name or School District]

respectfully request Continuance of Hearing in the matter \_\_\_\_\_ /  
\_\_\_\_\_ due to  
[Student/Client's first name last initial/School District/Agency]  
\_\_\_\_\_ is currently  
[indicate reason for request] \_\_\_\_\_ [enter student's name]

\_\_\_\_\_ We understand that postponement for an  
[indicate student's status].

indefinite period will not be granted and, in the case of a special education hearing that any request for continuance must address the 45 day rule. We propose the pre-hearing and/or hearing be rescheduled to: \_\_\_\_\_  
[indicate date(s) certain when you and the other party (and counsel) would be available]

We have contacted the other party and they have:

- \_\_\_\_\_ agreed with the continuance and dates listed above.
- \_\_\_\_\_ not agreed with the continuance
- \_\_\_\_\_ agreed with the continuance but not the dates listed above
- \_\_\_\_\_ agreed with the continuance but are only available:

\_\_\_\_\_ [give dates other party available]

_____	_____
Parent	Date
_____	_____
Parent	Date
_____	_____
Attorney/Advocate for Parent	Date
_____	_____
School District Representative	Date
_____	_____
School District Representative	Date
_____	_____
Attorney for School District	Date

(Form AH-T)