

STATE HEARING POSTPONE/REOPEN/REHEARING FORM

Request to ☐ Reopen ☐ Postpone

☐ Reopen Dismissed Hearing ☐ Rehearing

The reason is: ☐ Sick ☐ Had a medical appointment.

☐ Child was sick ☐ Other: *please explain:*

Name of Claimant	State Hearing Number	Hearing Date	Date of Dismissal/Decision

Name of Requester _____

Address _____ City _____ Zip Code _____

Email Address: _____

Phone Number: _____
Area Code Phone Number

COMMENT/ADDITIONAL INFORMATION: _____

Date: _____
Signature of Requester _____