Department of Corrections
WASHINGTON STATE

HEARING CONTINUANCE

Name	DOC #	Location
Cause Number(s)		

The Hearing Officer has determined that the hearing shall be continued for the good cause reason indicated by the box checked below. The individual and the individual's representative, if applicable, will not be re-served the evidence that will be used against them unless additional discovery is added. Hearings continued to obtain an attorney will resume based on attorney availability. This may extend beyond the 30th day of confinement.

Good cause reason(s):

☐ Reasonable Request by Community Corrections Officer (CCO) or the individual
☐ Unforeseen Facility Issues
☐ A Need to Obtain (choose one or more):
- ☐ An attorney, for eligible Prison Drug Offender Sentencing Alternative, Community Custody Prison, Community Custody Inmate offenders (For Grisby Pilot Hearings at Nisqually Tribal Jail and Asotin County Jail)
  - ☐ The individual is unable to defend themself
  - ☐ Unusually complex issue
- ☐ An interpreter
- ☐ Witness testimony/statements,
- ☐ Reports or other documentation, or
- ☐ A replacement Hearing Officer in the event of a recusal

☐ Other, please specify: _____

Attorney information (if applicable):

☐ The individual requests their own attorney:

Attorney Name	Email address	Phone number

Hearing Officer Signature	Date

I hereby understand that my hearing is being continued for good cause until:

☐ Hearing date _____ Time _____ ☐ a.m. ☐ p.m.

Individual's Signature	Date

CCO Name	Signature	Date

Distribution: **ORIGINAL** - Hearing File **COPY** – Imaging File/Central File, Individual, CCO, Appointed Attorney

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 00-03, RCW 42.56, and RCW 40.14.