INSTRUCTIONS FOR APPELLANT: FILL IN HIGHLIGHTED PORTIONS

STATE OF ILLINOIS DEPARTMENT OF CHILDREN AND FAMILY SERVICES ADMINSTRATIVE HEARINGS UNIT

IN THE MATTER OF)		
)		
)	SCR #:	
Appellant)	DKT #:	
)	AHU #:	

MOTION FOR CONTINUANCE

NOW COMES the Appellant, ______, and moves that the above captioned administrative expungement appeal be continued, pursuant to 89 Ill. Adm. Code 336.150, for the following reason/s:

- 1. Pursuant to 89 Ill. Adm. Code 336.150 (a), no continuance of a scheduled hearing or pre-hearing conference shall be granted by the Administrative Law Judge to any party except for good cause shown.
- 2. Appellant is requesting a continuance for one of the following reasons: CHECK ONE AND IF OTHER, PROVIDE WRITTEN EXPLANATION.
 - sickness or death in the immediate family of the appellant, the Department representative or the authorized representative of the appellant;
 - court or administrative hearing dates in a different case scheduled prior to the issuance of the notice of hearing;
 - the unavailability of a witness; or
 - Other:_____
- 3. If a continuance is requested or agreed to by an appellant, the time period between the request for continuance and the continued hearing date shall not be considered a delay on the part of the Department in issuing and implementing its final administrative decision.

WHEREFORE, the Appellant respectfully requests that the Administrative Law Judge continue the above captioned expungement appeal.

Respectfully submitted,

Appellant's Signature Above Name: Address: City/State/Zip: Phone: Email:

Appellant Must Give Written Notice of this Motion to Continue to the following by mail, email or facsimile:

Department Attorney: _____ Department of Children and Family Services Address: City/State/Zip:

Administrative Law Judge:DCFS - Administrative Hearings Unit406 East Monroe – Station 15Springfield, IL 62701Facsimile:(217) 557-4652Email:DCFS.Efiling@illinois.gov

CERTIFICATE OF SERVICE

The undersigned hereby certifies that the above notice and attached pleadings were caused to be personally delivered or deposited in the U.S. mail, or transmitted via email, or facsimile to the above party (ies) at the address (es) provided on ______ mailed, emailed or sent via facsimile).

Signature