

REQUEST TO RESCHEDULE PREHEARING SETTLEMENT CONFERENCE OR INVESTIGATORY HEARING DUE TO CALENDAR CONFLICT

Appellant Name:	SPB Case No:	Date of Conflict:
Representative Name: (if applicable)	Representative for:	
	Appellant/Complainant Respondent	
Date first learned of calendar conflict: *	Opposing Representative Name:	
Mutual dates/times of availability for future hearing dates: **	Conflicting SPB Case No: (if applicable)	

* Must be within 10 days pursuant to Cal. Code Regs., tit. 2, § 60.2 (b)(1)

** Please check the SPB Settlement Conference Calendar at www.spb.ca.gov for future PHSC dates

This form is intended to provide a simplified method to address calendar conflicts for Prehearing Settlement Conferences and Investigatory Hearings scheduled before the SPB. The requestor **must** meet and confer with opposing counsel. This form may not be used without the agreement of both parties. The form must be completed in its entirety to be considered. This form may **only** be utilized for the following calendar conflicts: (Please select one of the following)

Calendar conflicts with another scheduled SPB hearing.
Prepaid vacation (non-refundable). [For appellant or representative use <u>only</u>.] ***
Calendar conflict concerning external litigation.

*** If the calendar conflict concerns a witness, a formal motion to continue must be filed

Please provide a brief explanation of the calendar conflict: (Attach additional pages if needed)

Additional page(s) attached

For calendar conflicts without a relating SPB hearing, please attach proof pertaining to the necessity of rescheduling the conference or investigatory hearing. Acceptable proof would include court documents, and travel itineraries.

This form may be used only if there have been no other continuances in the case and may only be used **once** per case. Completed forms can be sent via email directly to the Evidentiary Appeals Division at appeals@spb.ca.gov by clicking the Submit button below.

I have conferred with opposing representation, and s/he does not object to a continuance. †
I have attached proof pertaining to the necessity of rescheduling the conference or invest. hearing. †
Appellant waives his/her rights under California Government Code § 18671.1. ‡

† Denotes required field

‡ Denotes required, if request is filed by Appellant

I declare under penalty of perjury that the contents of this form are true and correct to the best of my knowledge, and that this declaration was executed on the date and at the location stated below.

Signature:

Date:

Location:

Electronic signature accepted pursuant to Cal. Code of Regs., tit. 2, § 52.1 (c)

This form may be utilized in lieu of a Motion to Continue Hearing (Cal Code Regs., tit. 2 § 60.2) only for Prehearing Settlement Conferences and Investigatory Hearings and only for the causes listed on this form. In cases of conflict between two scheduled SPB hearings, selection of the hearing to be rescheduled will be at the discretion of the SPB. Use of this form is at the discretion of SPB staff. At any time, the SPB may require that a formal motion be filed for requests normally covered by this form.