



Request for Continuance

Contractors State License Board Voluntary / Mandatory Arbitration Program

TO PARTIES AT INTEREST, IN THE MATTER OF:

_____ vs. _____
Claimant Respondent

CSLB Case Number: _____

**Please utilize this form to request a continuance of your scheduled hearing.
Please submit any supporting document with this form.**

**Please note that a continuance is not automatically granted.
AMCC will confirm or deny the request in writing.**

Currently Scheduled Hearing Date: _____ **Time:** _____

Purpose of continuance:

Please provide dates in which you are NOT available in the next sixty (60) days:

Please provide contact information for response to this request:

Phone: _____ **Fax:** _____

E-mail: _____ @ _____

DATE:

FORM COMPLETED BY:

TITLE:



ARBITRATION MANAGEMENT COLLABORATION CENTER

AMCCENTER.COM | (800) 645-4874