



OFFICE OF ADMINISTRATIVE HEARINGS REQUEST FOR CONTINUANCE OF HEARING DATE

This form is to be used to request a change to the hearing date that was previously identified on the hearing notice ("request a continuance"). To request a continuance, a letter may be submitted instead of this form.

Please indicate your reason(s) in the section provided below, or on additional sheets of paper as needed to why a continuance is needed. This request must be made ten (10) days before the current scheduled hearing date.

All hearing dates requested below will be at the discretion of what works best with the Hearing Officer's schedule. Please ensure that you select three (3) dates that you are available.

The Request for Continuance should be submitted to the Administrative Hearings Division by email at adminhearings@mdhs.ms.gov or by mail at P.O. Box 352, Jackson, MS 39205.

If you have any questions, please call 601-359-4921. If you need free legal services call this toll free number: 1-800-498-1804.



MISSISSIPPI DEPARTMENT OF HUMAN SERVICES

REQUEST FOR CONTINUANCE OF HEARING FORM

Mail to: P.O. Box 352 , Jackson, MS 39205
Email to: adminhearings@mdhs.ms.gov
Questions? Call 601.359.4921

Client Name (Required): _____

Case Number (Required): _____

Current Hearing Date(s): _____

Requested Hearing Dates:

Type of Hearing: SNAP Disqualification Hearing SNAP Fair Hearing TANF Fair Hearing

Explanation for why a continuance is requested (use additional sheets if necessary):

I declare under penalty of perjury under the laws of the State of Mississippi that the foregoing is true and correct.

Signature: _____ Date: _____