



# CNMI DEPARTMENT OF LABOR

## ADMINISTRATIVE HEARING OFFICE

1357 Mednilla Ave., Capitol Hill, PO Box 10000, Saipan MP, 96950 (670) 664-3291/2 hearing@dol.gov.mp www.marianaslabor.net

### REQUEST TO SHORTEN TIME FORM

**Instructions:** If your hearing is scheduled far in advance and you have an urgent and serious need to move up the schedule of your hearing, you may request to shorten time by submitting a completed form to the Administrative Hearing Office.

Case Name: \_\_\_\_\_ Case #: \_\_\_\_\_

1. This request is made by:  Complainant  Respondent  Both Parties  Enforcement

2. I am requesting to shorten the time for:

The following filing deadline: \_\_\_\_\_

The following scheduled hearing: \_\_\_\_\_

3. I need to shorten time because:

4. Additionally, please consider:

I previously informed the opposing party of my request and he/she confirmed that they do not oppose shortening time.

Shortening time would not hinder the parties' ability to adequately prepare.

Other: \_\_\_\_\_

5. Please specify the parties' availability and any upcoming scheduling conflicts.

*I certify that the information provided with this Request is true and complete under penalty of perjury.*

\_\_\_\_\_  
Requestor Signature

\_\_\_\_\_  
Date