

III. REQUEST TO WAIVE HEARING (DOES NOT APPLY TO RESCISSION HEARING) – CONTINUED

To be completed by inmate’s attorney:

I consulted with my client and my client requests to waive his/her/their hearing for:

[] one year [] two years [] three years [] four years [] five years **(choose one)**

I have informed my client that an approved waiver cannot be rescinded and a Petition to Advance their next hearing date cannot be submitted.

Reason(s) for Request: _____

I consulted with my client but my client was not capable of making a knowing, voluntary, and intelligent waiver of their right to a hearing, and I understand this is a mandated attorney case as defined in the *Armstrong Remedial Plan II*. I understand that an approved waiver cannot be rescinded and a Petition to Advance their next hearing date cannot be submitted. I believe the waiver is in the best interest of my client and request a waiver for:

[] one year [] two years [] three years [] four years [] five years **(choose one)**

Reason(s) for Request: _____

Attorney Signature (Below):

Date:

IV. REQUEST TO POSTPONE HEARING (Can be completed by the inmate or inmate’s attorney.)

To be completed by inmate:

I request to postpone my hearing for ____ months (no more than 11 months). I understand that an approved postponement cannot be rescinded and I cannot submit a Petition to Advance my next hearing date.

Reason(s) for Request: _____

Inmate Signature (Below):

CDCR Number:

Date:

To be completed by inmate’s attorney:

I consulted with my client and my client requests to postpone his/her/their hearing for ____ months (no more than 11 months). I have informed my client that an approved postponement cannot be rescinded and a Petition to Advance their next hearing date cannot be submitted.

Reason(s) for Request: _____

I request a postponement of ____ months (no more than 11 months) due to my inability to meet or meaningfully consult with my client, as explained below. I understand that an approved postponement cannot be rescinded. I believe the postponement is in the best interest of my client.

a. Reason(s) for Inability to Consult: : _____

b. Reason(s) for Postponement Request: _____

Attorney Signature (Below):

Date: