



CONTINUANCE
STATE OF CONNECTICUT
BOARD OF PARDONS & PAROLES

BOPP 2083
REV
10/30/2019

1. Type or print legibly.
2. Mail or deliver a copy to the DOC PCS Parole Officer of record and any other parties of record, and complete the certification below.
3. Check only the box that appropriately applies to your appearance.
4. Mail to: Revocations Unit, State of Connecticut Board of Pardons and Paroles, 55 West Main Street, Suite 520, Waterbury, Connecticut, 06702, or email to BOPP.RevocationUnit@ct.gov or fax to 203-805-6652

Offender Name	DOC Number
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Please continue the following:

DATE OF SCHEDULED HEARING

Reason for continuance:

Person filing continuance:

NAME OF FIRM, INDIVIDUAL ATTORNEY, OR INDIVIDUAL				
MAILING ADDRESS (NO., STREET, P.O. BOX)				TELEPHONE NUMBER
CITY/TOWN	STATE	ZIP CODE	FAX NUMBER	E-MAIL ADDRESS

CERTIFICATION

I hereby certify that a copy of this document was mailed or delivered on (date) _____ to all parties of record:

Name and address of each party that a copy was mailed or delivered to:		
SIGNED	PRINT NAME OF PERSON SIGNING	DATE SIGNED

*if necessary, attach an additional sheet or sheets with the name(s) of each party served and the address which service was made.

CASE TRACKING
20__ - ____ - __