



Sierra County DWI Program
 474 Clancy Street · Truth or Consequences · New Mexico · 87901
 Phone: (575) 894-9265 * Fax: (575) 894-0300

REQUEST FOR EXTENSION ON SENTENCING REQUIREMENTS

Date: _____ Docket # _____

Last Name: _____ First Name: _____

I, (Your Name) _____ am requesting an extension to complete the following court ordered sanction.

- Complete the Alcohol and/or Drug Screening
- Complete DWI 1st Offenders School
- Enroll in Drug or Alcohol Counseling/Treatment
- Complete Community Service
- Enroll in Domestic Violence Intervention Classes
- Other: _____

I, (will be) (was) unable to complete the requirements indicated above on time for the following reason:

(Please attach any supporting documentation that you may have to this request).

Therefore, I am requesting an extension to complete the requirements(s) above by the following date.

_____, 20____. Please note only one 30 day extension will be allowed.

 Defendant Signature

 Date

Office Use Only:

- Request Granted Request Denied (Reason) _____

 Compliance Officer Signature

 Date Approved or Denied

Defendant notified on _____, 20____