

MOTION FOR CONTINUANCE

JD-CV-21 Rev. 5-15
C.G.S. § 52-196
P.B. §§ 14-23, 14-24

ADA NOTICE

The Judicial Branch of the State of Connecticut complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation in accordance with the ADA, contact a court clerk or an ADA contact person listed at www.jud.ct.gov/ADA.

STATE OF CONNECTICUT
SUPERIOR COURT
www.jud.ct.gov

COURT USE ONLY**MFCSE****Instructions To Person Making Motion**

Fill out all sections of this form except the Order section and file it with the Clerk of the Court at least three (3) days before the date of the scheduled event.

Docket number _____

Name of case (Full name of Plaintiff v. Full name of Defendant) _____

<input type="checkbox"/> Judicial District	<input type="checkbox"/> Housing Session	<input type="checkbox"/> Geographical Area Number _____	Address of Court (Number, street, town and zip code) _____
Date of Motion _____	Sequence Number on Short Calendar (If applicable) _____	Name of Judge Who Scheduled the Event this Continuance is Requested for (If applicable) _____	
Date of Scheduled Event _____	Person Making Motion is: <input type="checkbox"/> Plaintiff's Attorney <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant's Attorney <input type="checkbox"/> Defendant <input type="checkbox"/> Other		
Firm Name, if Applicable _____	Address _____		Phone Number (with area code) _____

Event For Which Continuance Is Requested: ("X" applicable box(es) and explain below)

<input type="checkbox"/> Arbitration	<input type="checkbox"/> Early Intervention Conference	<input type="checkbox"/> Pretrial
<input type="checkbox"/> Administrative Appeal Hearing	<input type="checkbox"/> Fact-Finding	<input type="checkbox"/> Status Conference
<input type="checkbox"/> Attorney Trial Referee Proceeding	<input type="checkbox"/> Foreclosure Mediation	<input type="checkbox"/> Trial Management Conference
<input type="checkbox"/> Court Trial	<input type="checkbox"/> Jury Trial	<input type="checkbox"/> Other _____
<input type="checkbox"/> Judicial-Alternative Dispute Resolution (J-ADR)	<input type="checkbox"/> Hearing In Damages	

Reason(s) For Continuance Request: ("X" reason(s) and provide an explanation)

<input type="checkbox"/> Counsel not ready _____	<input type="checkbox"/> Discovery not complete _____
<input type="checkbox"/> Lay witness not available (Name of witness) _____	
<input type="checkbox"/> Counsel not available _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Party not available (Name of party) _____	
<input type="checkbox"/> Expert witness not available (Name of witness) _____	

Continue explanation, if necessary: _____

For the above reason(s), I request this case be continued to (date): _____ or ☐ at the court's discretion.

I have contacted all counsel and self-represented parties of record about my intention to seek a continuance. All of the counsel and self-represented parties:

☐ Consent ☐ Do Not Consent ☐ Have not responded to the above motion for continuance and requested continuance date.

Note: An agreement to continue a matter does not mean that the motion will automatically be granted by the court.

I agree to be responsible for notifying my client, if applicable, and all counsel of record and self-represented parties whether the continuance is granted or denied, and if granted, the new date of the scheduled event.

Certification

I certify that a copy of this document was mailed or delivered electronically or non-electronically on (date) _____ to all attorneys and self-represented parties of record and that written consent for electronic delivery was received from all attorneys and self-represented parties receiving electronic delivery.

Name and address of each party and attorney that copy was mailed or delivered to* _____

Signed (Signature of filer) ▶	Print or type name of person signing	Date signed
Mailing address (Number, street, town, state and zip code)		Telephone number
Order	Motion For Continuance is: <input type="checkbox"/> Granted <input type="checkbox"/> Denied	Matter Continued To: _____ Signed (Judge) _____ Date _____

*If necessary, attach additional sheet or sheets with name and address which the copy was mailed or delivered to.