

MOTION FOR CONTINUANCE

JD-CV-21 Rev. 10-10
C.G.S. § 52-196
P.B. § 14-23, 14-24

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

COURT USE ONLY
MFCSE



Instructions To Person Making Motion

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

Name of Case (Plaintiff v. Defendant)

| | | | | |
|-----------------------|----------------|-------------------------|-------------------------------|---------------------------------|
| Judicial District of: | Date of Motion | Date of Scheduled Event | Column Number (If applicable) | Sequence Number (If applicable) |
|-----------------------|----------------|-------------------------|-------------------------------|---------------------------------|

| | |
|---|----------------|
| Name of Judge Who Scheduled the Event this Continuance is Requested for (If applicable) | Docket Numbers |
|---|----------------|

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

- | | |
|--|--|
| <input type="checkbox"/> Arbitration | <input type="checkbox"/> Jury Trial |
| <input type="checkbox"/> Administrative Appeal Hearing | <input type="checkbox"/> Hearing In Damages |
| <input type="checkbox"/> Attorney Trial Referee Proceeding | <input type="checkbox"/> Pretrial |
| <input type="checkbox"/> Court Trial | <input type="checkbox"/> Status Conference |
| <input type="checkbox"/> Court-Annexed Mediation | <input type="checkbox"/> Trial Management Conference |
| <input type="checkbox"/> Early Intervention Conference | <input type="checkbox"/> Other |
| <input type="checkbox"/> Fact-Finding | |

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

- | | |
|---|--|
| <input type="checkbox"/> Counsel not ready _____ | <input type="checkbox"/> Lay witness not available (Name of witness) _____ |
| <input type="checkbox"/> Discovery not complete _____ | |
| <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): _____

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. 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 To the above motion for continuance and requested continuance date.

PLEASE NOTE: Agreement to continue a matter does not assure that the motion for continuance will be granted by the court.

| | |
|--|---------------------------------|
| I certify that a copy of this motion was mailed or delivered to all counsel and self-represented parties of record on the date shown at right. A sheet is attached listing the name and address of each party a copy was mailed or delivered to. | Date copies mailed or delivered |
|--|---------------------------------|

| | |
|-------------------------------|--|
| Signed (Person making motion) | Name of Attorney or Self-Represented Party (Print or type) |
|-------------------------------|--|

Person Making Motion is:

Plaintiff Defendant Attorney for Plaintiff Attorney for Defendant

| | | |
|--------------------------|---------|-------------------------------|
| Firm Name, if Applicable | Address | Phone Number (with area code) |
|--------------------------|---------|-------------------------------|

| | | | | |
|--------------|--|----------------------|----------------|------|
| ORDER | Motion For Continuance is: | Matter Continued To: | Signed (Judge) | Date |
| | <input type="checkbox"/> Granted <input type="checkbox"/> Denied | | | |