CASEFLOW REQUEST
JD-CV-116 Rev. 9-23

For information on ADA accommodations, contact the Centralized ADA Office at 860-706-5310 or go to: www.jud.ct.gov/ADA/

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

Instructions
Select the appropriate type of request being made, provide the additional information requested, and the reason for your request. File at least 3 days before the scheduled date. If you need to request a continuance of a scheduled court date, do not use this form. Use form JD-CV-21, Motion for Continuance, for all continuance requests.

***Note**: If the request if granted, the court will schedule the event for the requested date, if that date is available. If that date is not available, the court will schedule the event for the next available date.*

COURT USE ONLY
CSFLREQ

Name of case *(Plaintiff v. Defendant)*	Docket number
Goodwin, Jon A. v Milot, Raymond, Jr.	**LLI-CV-21-5014019-S**

☒ Judicial District ☐ Housing Session — Address of court *(Number, street, town and zip code)*: **50 Field Street, Torrington, Connecticut 06790**

Name of Judge who scheduled the event *(if known)*	Date of request	Date of scheduled event *(if applicable)*
Lynch	**01/22/2024**	**02/02/2024**

Requested Action

I am requesting: *(Select box(es) that apply and give reason(s) for request below)*

☐ Status Conference on or about: *(date)* _____

☐ Client/adjuster to be available by phone for *(event)* _____ scheduled on *(date)* _____

☐ Pretrial on or about: *(date)* _____

☐ Party to be excused from *(event)* _____ scheduled on *(date)* _____

☒ Other: **Motion for Protective Order**

Reason(s) for request:

Undersigned counsel respectfully requests Judge Lynch rules on her Motion for Protective Order filed simultaneously with this Caseflow Request, as undersigned counsel and the Defendant have a pending Hearing in the Defendant's family matter in Danbury Superior Court on the same date as the Plaintiff noticed the Defendant's Deposition.

I have informed all counsel of record and self-represented parties of this request, and agree to notify them of the court's ruling. **All Counsel and Self-represented Parties:**

☐ Consent ☐ Do not consent to the action requested above

Signed *(Person making request)*	Name of attorney and juris number or self-represented party *(Print or type)*
/s/ 419782	**Rebecca Mayo Goodrich, Esq.**

The person requesting the action is the:
☐ Plaintiff ☐ Defendant ☐ Attorney for Plaintiff ☒ Attorney for Defendant

Firm name *(If applicable)*	E-mail address
Conti, Levy, Salerno & Antonio, LLC	**rgoodrich@contilevylaw.com**

Address	Telephone number *(with area code)*
355 Prospect Street, Torrington, Connecticut 06790	**860-482-4451**

Certification

I certify that a copy of this document was or will immediately be mailed or delivered electronically or non-electronically on *(date)* **01/22/2024** 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 of record who received or will immediately be receiving electronic delivery.

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

John Williams: jrw@johnrwilliams.com
Jon Goodwin: jgoodwin@protonmail.com

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

Signed *(Signature of filer)*	Print or type name of person signing	Date signed
▶ /s/ 419782	**Rebecca Mayo Goodrich, Esq.**	**01/22/2024**

Print Form Reset Form