

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

LLI-CV-21-5014019-S

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

GOODWIN, JON A. v. MILOT JUNIOR, RAYMOND J. Et Al

☒ Judicial District	☐ Housing Session	☐ Geographical Area Number	Address of Court (Number, street, town and zip code) 50 FIELD STREET TORRINGTON, CT 06790
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Date of Motion Jun-27-2024	Sequence Number on Short Calendar (If applicable)	Name of Judge Who Scheduled the Event this Continuance is Requested for (If applicable)
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Date of Scheduled Event Jul-16-2024	Person Making Motion is: ☒ Plaintiff's Attorney ☐ Plaintiff ☐ Defendant's Attorney ☐ Defendant ☐ Other
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Firm Name, if Applicable	Address ASSOCIATES, LLC 51 ELM ST STE 409 NEW HAVEN, CT 06510	Phone Number (with area code) 203-562-9931
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Event For Which Continuance Is Requested: ("X" applicable box(es) and explain below)

☐ Arbitration	☐ Early Intervention Conference	☐ Pretrial
☐ Administrative Appeal Hearing	☐ Fact-Finding	☐ Status Conference
☐ Attorney Trial Referee Proceeding	☐ Foreclosure Mediation	☒ Trial Management Conference
☐ Court Trial	☐ Jury Trial	☒ Other Trial
☐ Judicial-Alternative Dispute Resolution (J-ADR)	☐ Hearing In Damages	

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

☐ Counsel not ready	☐ Discovery not complete
☐ Lay witness not available (Name of witness)	
☐ Counsel not available	☐ Other
☒ Party not available (Name of party)	
☐ Expert witness not available (Name of witness)	

Continue explanation, if necessary:

Plaintiff has completed surgery for advanced cancer and requires chemotherapy for six months.

For the above reason(s), I request this case be continued to (date): **Jan-16-2025** 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) **Jun-27-2024** 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 receiving electronic delivery.

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

CONTI LEVY SALERNO & ANTONIO LLC - P.O. BOX 239/TORRINGTON, CT 06790

Signed (Signature of filer) 067962	Print or type name of person signing JOHN R WILLIAMS	Date signed Jun-27-2024
Mailing address (Number, street, town, state and zip code) ASSOCIATES, LLC 51 ELM ST STE 409 NEW HAVEN, CT 06510		Telephone number 203-562-9931
Order	Motion For Continuance is: ☐ Granted ☐ 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.

Continuation of JDCV21 Motion For Continuance Form for LLI-CV-21-5014019-S

Submitted By JOHN R WILLIAMS (067962)

Certification of Service (Continued from JDCV21)

Name and Address at which service was made:

JON A. GOODWIN (Self Represented) - STE 687-2690 34 NORTH FRANKLIN AVE PINEDALE, WY 82941

******* End of Certification of Service *******