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
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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

[X] Judicial District [ ] Housing Session [ ] Geographical Area Number ____

Address of Court *(Number, street, town and zip code)*
50 FIELD STREET TORRINGTON, CT 06790

Date of Motion	Sequence Number on Short Calendar *(If applicable)*	Name of Judge Who Scheduled the Event this Continuance is Requested for *(If applicable)*
Dec-1-2024		

Date of Scheduled Event: **Jan-22-2025**

Person Making Motion is:
[X] Plaintiff's Attorney [ ] Plaintiff [ ] Defendant's Attorney [ ] Defendant [ ] Other ____

Firm Name, if Applicable	Address	Phone Number (with area code)
	ASSOCIATES, LLC 51 ELM ST STE 409 NEW HAVEN, CT 06510	**203-562-9931**

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

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

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 ____
[X] Party not available *(Name of party)* ____
[ ] Expert witness not available *(Name of witness)* ____

Continue explanation, if necessary:

Plaintiff, Jon Goodwin, is undergoing cheomotherapy for cancer and will be unable to appear through February, 2025

For the above reason(s), I request this case be continued to (date): Jul-22-2025 or [X] 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 [X] 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)* **Dec-1-2024** 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 & GOODRICH LLC - P.O. BOX 239/TORRINGTON, CT 06790

Signed *(Signature of filer)*	Print or type name of person signing	Date signed
▶ **067962**	**JOHN R WILLIAMS**	**Dec-1-2024**

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:	Matter Continued To:	Signed *(Judge)*	Date
[ ] Granted [ ] Denied			

*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 *******