

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 is 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) Jon A. Goodwin v. Raymond Milot		Docket number LLI-CV-21-5014019-S
Address of court (Number, street, town and zip code) Torrington Superior Court, 50 Field Street, Torrington, CT 06790		
☒ Judicial District	☐ Housing Session	
Name of Judge who scheduled the event (if known)		Date of request 11/17/2025
		Date of scheduled event (if applicable) 11/25/25

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: The Trial Management Conference Be Marked Off

Reason(s) for request:

On November 5, 2025, Defendant's counsel filed a Motion to Modify Scheduling Order (No. 179.00) due to the Plaintiff recently producing a box full of documents that were first requested in September of 2023. Defendant's Counsel requires additional time to review the documents in order to determine whether they are responsive to the Request to Produce. Attorney Williams has consented, but the Plaintiff has not.

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

See above

Signed (Person making request)		Name of attorney and juris number or self-represented party (Print or type) Robert Salerno	
The person requesting the action is the:			
☐ Plaintiff ☐ Defendant ☐ Attorney for Plaintiff ☒ Attorney for Defendant			
Firm name (If applicable) The Law Offices of Conti ,Levy, Salerno & Goodrich, LLC		E-mail address rgoodrich@contilevylaw.com	
Address 355 Prospect St, Torrington, CT 06790		Telephone number (with area code) (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) 11/17/2025 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*

Jon Goodwin; jgoodwin@protonmail.com
John R. Williams, Esq.; jrw@johnrwilliams.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 Robert Salerno	Date signed 11/17/2025
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