## **CASEFLOW REQUEST**

JD-CV-116 Rev. 9-23

Signed (Signature of filer)

For information on ADA accommodations, contact the Centralized ADA Office at 860-706-5310 or go to: <a href="https://www.jud.ct.gov/ADA/">www.jud.ct.gov/ADA/</a>



## 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.

COURT USE ONLY
CSFLREQ

Date signed

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. Name of case (Plaintiff v. Defendant) Docket number Address of court (Number, street, town and zip code) Judicial 1 Housina District Session Name of Judge who scheduled the event (if known) Date of request Date of scheduled event (if applicable) 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: Reason(s) for request: 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 Name of attorney and juris number or self-represented party (Print or type) Signed (Person making request) The person requesting the action is the: Attorney for Plaintiff Plaintiff Defendant Attorney for Defendant Firm name (If applicable) E-mail address Address Telephone number (with area code) Certification I certify that a copy of this document was or will immediately be mailed or delivered electronically or non-electronically on \_\_\_ 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\* \*If necessary, attach additional sheet or sheets with name and address which the copy was or will be mailed or delivered to.

Print or type name of person signing