

CASEFLOW REQUEST

JD-FM-292 Rev. 7-22

For information on ADA accommodations, contact a court clerk or go to: www.jud.ct.gov/ADA.

STATE OF CONNECTICUT
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. If you need to request a continuance of a scheduled court date, do not use this form. Please use form JD-CV-21, Motion for Continuance, for all continuance requests.

COURT USE ONLY
FACREQ



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.

Name of case (Plaintiff v. Defendant) _____

Judicial District of _____	Date of scheduled event (if applicable) _____	Name of Judge who scheduled the event (if applicable) _____	Docket number FA	- S
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I am requesting: (Select box(es) that apply and give reason(s) for request below)

- A Status Conference on or about: (date) _____
- Pretrial on or about: (date) _____
- That the following pendente lite motion(s), in which I am the moving party or the attorney for the moving party, be scheduled on the earliest available Motion Docket:
 1. Motion # _____ entitled _____
 2. Motion # _____ entitled _____
 3. Motion # _____ entitled _____
 4. Motion # _____ entitled _____
 5. Motion # _____ entitled _____
- Other: _____

This case is already scheduled for the following court event(s) on the date(s) shown:

Case Date(s): _____	Trial or specially assigned hearing date(s): _____	Other: (specify event and date) _____
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Reason(s) for request (must be completed for all requests of any type):

I agree to notify my client and all counsel of record and self-represented parties whether the requested action is granted or denied, and if granted, the specific ruling of the court. I have told all counsel and self-represented parties of record that I would be asking for the requested action. **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) _____
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The person requesting the action is the:

- Plaintiff
- Defendant
- Attorney for Plaintiff
- Attorney for Defendant

Firm name (if applicable) _____	Address _____	Telephone number (with area code) _____
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I certify that a copy of the above was mailed or delivered on the date shown below to all counsel and self-represented parties of record. A sheet is attached listing the name and address of each party the copy was mailed or delivered to.

Signed (Individual attorney or self-represented party) _____	Date _____
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