

MOTION FOR CONTINUANCE

JD-GC-17 Rev. 3-23
Statewide Grievance Committee Rule 7B

STATE OF CONNECTICUT
STATEWIDE GRIEVANCE COMMITTEE
JUDICIAL BRANCH
www.jud.ct.gov



Instructions

1. Type or print.
2. No later than seven calendar days prior to the date of the hearing, file this motion at the below address. You may electronically file this motion at Statewide.Grievance@jud.ct.gov provided that an original is mailed immediately to the below address.
3. Keep a copy for your records.

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

To: Statewide Grievance Committee, 999 Asylum Avenue, Fifth Floor, Hartford, CT 06105

| | | |
|---|-----------------|----------------------------|
| Complaint name | | Grievance complaint number |
| Location of hearing | Date of hearing | Date of motion |
| Person making motion is: <input type="checkbox"/> Disciplinary Counsel <input type="checkbox"/> Respondent <input type="checkbox"/> Counsel for Respondent | | |

I request a continuance in the above referenced matter for the reason set out below.

Reason for Continuance Motion

If the basis for the motion is a court conflict, you must first seek to resolve the conflict with the court. In such case, include the case name, docket number, name of presiding judge or caseload officer with whom you spoke, when the conversation took place, when you became aware of the conflict and, for counsel for a respondent, whether the conflict existed prior to being retained by your client. If the basis of the motion is not a court conflict, state with specificity what it is, when it arose, whether it existed before you appeared in this case, and what you did to attempt to resolve the conflict before filing this motion.

Position of All Parties on this Motion - Consent/Object

It shall be the duty of the moving party to inform Disciplinary Counsel, the Respondent or Counsel for the Respondent of the motion and to fully disclose their position in support of or in opposition to the motion.

| | | |
|-------------|--------------------------------------|-------------|
| Signed ▶ | Type or print name of person signing | Date signed |
|-------------|--------------------------------------|-------------|

Certification

I certify that a copy of this document was or will immediately be mailed or delivered electronically or non-electronically on (date) _____ 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.

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|--|--------------------------------------|------------------|
| Signed (Signature of filer) ▶ | Print or type name of person signing | Date signed |
| Mailing address (Number, street, town, state and zip code) | | Telephone number |