

**MOTION FOR CONTINUANCE
JUVENILE MATTERS**

JD-JM-140 Rev. 1-22
C.G.S. §§ 46b-120; 52-196
P.A. 21-15; P.B. §§ 31a-1A; 34a-5

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

STATE OF CONNECTICUT
**SUPERIOR COURT
JUVENILE MATTERS**
www.jud.ct.gov



Instructions to person making motion

Complete all sections and submit to the clerk's office.

Please submit at least 7 (seven) days before the date of the scheduled event.

In re: (Name of child or youth)

Address of Court		Date of Scheduled Event
Name of Judge Who Scheduled Event for Which Continuance is Requested (If applicable)		Docket number
Case Type		
<input type="checkbox"/> Child Protection <input type="checkbox"/> Delinquency <input type="checkbox"/> Emancipation <input type="checkbox"/> Other _____		

Describe the nature of the hearing or conference for which you are requesting a continuance:

Reason(s) for continuance request: (Select reason(s) and provide explanation)

- Counsel not ready _____ Lay witness not available (Name of witness) _____
- Discovery not complete _____
- Counsel not available _____ Other _____
- Party not available (Name of party) _____
- Expert witness not available (Name of witness) _____

Continue explanation, if necessary:

For the above reason(s) I request this case be continued to (date): _____

I agree to be responsible for notifying my client 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. I have contacted all counsel and self-represented parties of record regarding my intention to seek a continuance. All such counsel and self-represented parties: (must select one box below)

Consent **Do not consent** to the above motion for continuance and requested continuance date.

Please Note: Agreement to continue a matter does not assure that the motion for continuance will be granted by the court.

Signed (Person making motion)	Name of Attorney or self-represented party (Print or type)
-------------------------------	--

Person Making Motion Is:

- Petitioner Respondent Parent Attorney for Child or Youth Assistant Attorney General
- Guardian Attorney for Respondent Prosecutor Other

Firm Name, If Applicable	Address	Phone Number (With area code)
--------------------------	---------	-------------------------------

Order	Motion for Continuance is: <input type="checkbox"/> Granted <input type="checkbox"/> Denied	Matter Continued To:	Signed (Judge)	Date
--------------	--	----------------------	----------------	------

I certify that a copy of the above was mailed or delivered on the date shown at right to all counsel and self-represented parties of record. A sheet is attached listing the name and address where the copy was mailed or delivered.	Date Copies Mailed/Delivered
---	------------------------------