

**MOTION FOR CONTINUANCE  
JUVENILE MATTERS**

JD-JM-140 Rev. 1-18  
C.G.S. §§ 46b-120; 52-196  
P.B. §§ 31a-1A; 34a-5

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

**ADA NOTICE**

The Judicial Branch of the State of Connecticut complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation in accordance with the ADA, contact a court clerk or an ADA contact person listed at [www.jud.ct.gov/ADA](http://www.jud.ct.gov/ADA).

**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

- Child Protection    Delinquency    Family With Service Needs    Emancipation    Other

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

**Reason(s) for continuance request:** *("X" 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 check 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 Mother    Attorney for Child or Youth    Assistant Attorney General    Other  
 Guardian    Respondent Father    Attorney for Respondent    Prosecutor

Firm Name, If Applicable

Address

Phone Number *(With area code)*

**Order**

Motion for Continuance is:

- Granted    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