

**MOTION FOR CONTINUANCE  
JUVENILE MATTERS**

JD-JM-140 Rev. 9-20  
C.G.S. §§ 46b-120; 52-196  
P.B. §§ 31a-1A; 34a-5

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

STATE OF CONNECTICUT  
**SUPERIOR COURT  
JUVENILE MATTERS**  
[www.jud.ct.gov](http://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  
 Child Protection  Delinquency  Emancipation  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 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 \_\_\_\_\_