

MOTION FOR CONTINUANCE

JD-GC-17 Rev. 10-05

Statewide Grievance Committee Rule 7B

STATE OF CONNECTICUT
STATEWIDE GRIEVANCE COMMITTEE

JUDICIAL BRANCH

*www.jud.ct.gov***INSTRUCTIONS**

1. Type or print.
2. File original with the Statewide Grievance Committee at the below address no later than seven calendar days prior to the date of the hearing.
3. Keep a copy for your records.

TO: Statewide Grievance Committee, 287 Main St., Second Floor, East Hartford, CT 06118-1885

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 <input type="checkbox"/> OTHER: _____		

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 all parties or their counsel of the motion and to fully disclose their position in support of or in opposition to the motion.

I hereby agree to be responsible for notifying my client and all counsel of record and pro se parties whether the continuance is granted or denied.

SIGNED (Person making motion) X	DATE SIGNED
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CERTIFICATION

I hereby certify that a copy of the above was mailed/delivered to all counsel and pro se parties of record on:		DATE MAILED/DELIVERED
SIGNED (Person making motion) X	TYPE OR PRINT NAME OF PERSON SIGNING	TELEPHONE NO. OF PERSON SIGNING

NAME OF EACH PARTY SERVED *	ADDRESS AT WHICH SERVICE WAS MADE
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* If necessary, attach additional sheet with names of each party served and the address at which service was made.