RESPONSE TO REQUEST FOR EARLIER HEARING ON MOTION(S)
JD-FM-289 New 8-20

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STATE OF CONNECTICUT
SUPERIOR COURT
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Instruction
This form is only to be used to respond to a Request for Earlier Hearing on Motion(s). It must be filed within 5 days after the Request for Earlier Hearing on Motion(s) was filed by the other party.

Name of case	Docket number

Judicial District	At *(Town)*	Date

Response to Request for Earlier Hearing on Motion(s)

(Must be filed within 5 days after the Request for Earlier Hearing on Motion(s) was filed by the other party)

I am, or I am the attorney for, a party who has received a copy of the moving party's request dated _____ for an early hearing date on a motion(s) filed in this case.

I ☐ agree to ☐ object to the request for an early hearing date for the following reasons:

Whether or not I agree to the request, my estimated total time required to conduct a hearing on the motion(s) is: _____

The tentative list of witnesses I intend to call and the amount of time anticipated to be needed for the testimony of each, including reasonable cross-examination, is as follows:

Name of Witness	Time Needed	Name of Witness	Time Needed

I understand that, if necessary, I may call additional witnesses if I follow all advance notice requirements.

Whether or not I agree to the request, I am **unavailable** for a hearing on the following days before the next court event that is already scheduled for this case.

Day	Full Day	A.M.	P.M.	Day	Full Day	A.M.	P.M.	Day	Full Day	A.M.	P.M.
	☐	☐	☐		☐	☐	☐		☐	☐	☐
	☐	☐	☐		☐	☐	☐		☐	☐	☐
	☐	☐	☐		☐	☐	☐		☐	☐	☐

I understand that this response may not be considered by the court unless this form is fully completed and filed within 5 days after the other party filed the request for an early hearing.

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.

Signed *(Signature of filer)* ▶	Print or type name of person signing	Date signed

Mailing address *(Number, street, town, state and zip code)*	Telephone number

Print Form

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