

MOTION FOR CONTINUANCEJD-GC-17 Rev. 10-17
Statewide Grievance Committee Rule 7BSTATE OF CONNECTICUT
STATEWIDE GRIEVANCE COMMITTEE
JUDICIAL BRANCH
www.jud.ct.gov**Instructions**

1. Type or print.
2. No later than seven calendar days prior to the date of the hearing, file this motion at the below address. You may electronically file this motion at statewide.grievance@judicialmail.ct.gov provided that an original is mailed immediately to the below address.
3. Keep a copy for your records.

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.

To: Statewide Grievance Committee, 287 Main Street, 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		

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 caseflow 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 Disciplinary Council, the Respondent or Counsel for the Respondent of the motion and to fully disclose their position in support of or in opposition to the motion.

Signed ▶	Type or print name of person signing	Date signed
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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.

Signed (Person making motion) ▶	Type or print name of person signing
Telephone number of person signing	E-mail address of person signing

Name and address of each party and attorney that copy was or will be mailed or delivered to*

*If necessary, attach additional sheet with names of each party served and the address at which service was made.