

**CASEFLOW REQUEST/
REQUEST FOR EARLIER
HEARING ON MOTION(S)**

JD-FM-292 New 9-21

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

STATE OF CONNECTICUT
SUPERIOR COURT

www.jud.ct.gov



Instruction

Select the appropriate type of request being made, provide the additional information requested, and the reason for your request.

Note: If the request is granted, the court will try to schedule the event for the requested date.

However, if that date is not available, it will be scheduled for the next available date.

COURT USE ONLY

FACFREQ



Name of case (*Plaintiff v. Defendant*)

Judicial District of	Date of scheduled event (if applicable)	Name of Judge who scheduled the event (if applicable)	Docket number	
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I am requesting: (Select box(es) that apply and give reason(s) for request below)

A Status Conference on or about (date) _____

Pretrial on or about (date): _____

An earlier hearing date for motion(s) currently scheduled on (date) _____

I am, or I am the attorney for, the party who has filed the following motion(s) in this case:

This case is already scheduled for the following court events:

Case Date(s):	Trial or Specially Assigned Hearing Date(s):	Other: (specify event and date)
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My estimate of the total time required to conduct a hearing on the above 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.

I am unavailable for a hearing on the following days before the next court event that is already scheduled.

Day	Full	A.M.	P.M.	Day	Full	A.M.	P.M.	Day	Full	A.M.	P.M.
	<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>		
	<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>		
	<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>		

Note: The other party has 5 days to file a response to any request for an earlier hearing date.

A hearing to address scheduling and related issues following a Resolution Plan Date attended by the parties on (date) _____, before the court enters scheduling orders.

Other: _____

This case is already scheduled for the following court events:

Case Date(s):	Trial or Specially Assigned Hearing Date(s):	Other: (specify event and date)
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Reason(s) for request (must be completed for all requests of any type):

I agree to notify my client and all counsel of record and self-represented parties whether the requested action is granted or denied, and if granted, the specific ruling of the court. I have told all counsel and self-represented parties of record that I would be asking for the requested action. **All Counsel and Self-represented Parties:**

Consent Do not consent to the action requested above

Signed (*Person making request*)Name of attorney and juris number or self-represented party (*Print or type*)

The person requesting the action is the:

Plaintiff Defendant Attorney for Plaintiff Attorney for Defendant

Firm name (*If applicable*)

Address

Telephone number (*with area code*)

I certify that a copy of the above was mailed or delivered on the date shown below to all counsel and self-represented parties of record. A sheet is attached listing the name and address of each party the copy was mailed or delivered to.

Signed (*Individual attorney or self-represented party*)

Date

Order

Request is

Granted Denied

The court further orders:

Signed (*Judge*)

Date