

**MOTION FOR CONTINUANCE/
CASEFLOW REQUEST-
CRIMINAL MATTERS**

JD-CR-51 Rev. 7-20
C.G.S. §§ 54-82c, 54-86k, 54-186, 54-199
P.B. §§ 36-20, 40-5, 43-6, 44-13, 44-18

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.

**STATE OF CONNECTICUT
SUPERIOR COURT**
www.jud.ct.gov



Instructions To Person Making Motion

Fill out all sections of this form except the Order section and file it with the Clerk of the Court at least three (3) days before the date of the scheduled event.

Name of case (State v. Full name of Defendant)		Docket number	Defendant Incarcerated
<input type="checkbox"/> Judicial District	<input type="checkbox"/> Geographical Area Number _____	Address of court (Number, street, town and zip code)	
Date of motion		Date of event to which Requested Action applies	Name of Judge who scheduled the event (If known)
Person making motion is: <input type="checkbox"/> State's Attorney <input type="checkbox"/> Defendant's Attorney <input type="checkbox"/> Defendant <input type="checkbox"/> Other _____			
Firm name (if applicable)		Address	Phone number (with area code)

Requested Action: (Select all that apply)

Motion for continuance to: _____ (date) or: at the court's discretion.
 Request that the defendant be excused from scheduled event.
 Motion for dismissal of case without appearance because of successful diversionary program completion.

Event to which Requested Action applies: (Select all that apply)

Arraignment Court Trial Motion Pretrial Other
 Plea Jury Trial Disposition Sentencing

Reason(s) for Requested Action: (Select reason(s) and explain below)

Counsel not ready Lay witness not available (provide name below) Other
 Discovery not complete Expert witness not available (provide name below)
 Counsel not available Party not available (provide name below)

Explain

I have contacted all counsel and self-represented parties of record about my intention to seek this Requested Action.

All of the counsel and self-represented parties: Consent Do Not Consent Have not responded

Note: An agreement to this Requested Action does not mean that the court will automatically grant by the motion.

I Have I Have Not notified the Victim's Advocate and/or the victim(s) of the Requested Action.

I agree to be responsible for notifying my client, if applicable, 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.

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/Connecticut Attorney) ►	Print or type name of person signing	Date signed	
Mailing address (Number, street, town, state and zip code)		Telephone number	
Order	Request is: <input type="checkbox"/> Granted <input type="checkbox"/> Denied	If continuance, event continued to: Signed (Judge)	Date