## GAMING DISPUTES TRIAL COURT 13 Crow Hill Road Uncasville, CT 06382

NAME OF CASE: (First named Plaintiff v. First named Defendant)				
DOCKET NO.:	DATE OF REQUEST:		DATE OF SCHEDULED EVENT:	
EVENT FOR WHICH CONTINUANCE IS REQUESTED: "X" applicable box(es) and explain below				
License Appeal Hearing		Trial Management Conference		
Status Conference		Trial (Refer to MRCP § 39c)		
☐ Pretrial Conference		Other:		
REASON(S) FOR CONTINUANCE REQUEST: "X" applicable box(es) and explain below				
Counsel is unavailable. Explain: If basis for motion is a court conflict, identify conflicting case name, docket number, and type of proceeding.				
Discovery not complete: Explain:				
Witness(es) not available. Name of Witness(es) and explanation:				
Other:				
For the reason(s) above I hereby request this case be continued to (date):				
I hereby agree to be responsible for notifying my client and all counsel of record and pro se parties whether the Motion for Continuance is granted or denied, and if granted, the new date of the scheduled event. I have contacted all counsel and pro se parties of record regarding my intention to seek a continuance. ALL SUCH COUNSEL AND PRO SE PARTIES:				
Consent		Do not consent to the above Motion for Continuance and requested continuance date		
SIGNED: (Person making motion)  NAME OF ATTORNEY OR PRO SE PARTY (Print or Type)			ARTY (Print or Type)	
Plaintiff Defendant	Attorney f		Attorney for Defendant	
By signing this motion for continuance, I hereby represent that a copy was mailed/delivered to all pro se parties and counsel of record.				
ORDER: GRANTED	☐ DENIED	☐ DENIED ☐ MATTER IS CONTINUED TO:		
SIGNED: (Judge/Clerk)  Date:				