MOTION FOR CONTINUANCE

MOHEGAN TRIBAL 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 § 39.c.)
❑ 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)	
❑ Plaintiff	❑ Defendant	❑ Attorney for Plaintiff	❑ 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	❑ MATTER IS CONTINUED TO:

SIGNED: (Judge/Clerk) Date: