## MOHEGAN TRIBAL COURT 13 Crow Hill Rd., P.O. Box 549 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 ATTO     | NAME OF ATTORNEY OR PRO SE PARTY (Print or Type)                                  |                          |  |
| Plaintiff  | ☐ Defendant | Attorney f       | or 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         | Denied Matter is continued to:  |                          |  |
| SIGNED: (Judge/Clerk)  Date:   |             |                  |   |                          |  |