

# CASEFLOW REQUEST

MCS-3 Rev. 4/19

MOHEGAN COURT SYSTEM

P.O. Box 549

Uncasville, CT 06382

Gaming Disputes Court

Tribal Court

### Instructions:

1. Fill out all sections and file with the court.
2. File at least 3 days before the date of the scheduled event.

<b>Case Name:</b>	
<b>Docket No.</b>	
<b>Date of Request:</b>	<b>Date of scheduled event (if applicable):</b>

### Request Action ("X" box(es) that apply and give reason(s) for request below):

- Status Conference on or about: \_\_\_\_\_  
Date
- Pretrial on or about: \_\_\_\_\_  
Date
- Party to be excused from \_\_\_\_\_ Scheduled on \_\_\_\_\_  
Event Date
- Other: \_\_\_\_\_

### Reasons(s) for request:

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

<input type="checkbox"/> Consent	<input type="checkbox"/> Do not consent to the action requested above		
Signed: (Person making request)	Name of Attorney or Pro Se Party (Print or Type)		
<input type="checkbox"/> Plaintiff	<input type="checkbox"/> Defendant	<input type="checkbox"/> Attorney for Plaintiff	<input type="checkbox"/> Attorney for Defendant
By signing this request, I hereby represent that a copy was mailed/delivered to all pro se parties and counsel of record on the date of this request.			
<b>Order</b> Request is	<input type="checkbox"/> GRANTED	<input type="checkbox"/> DENIED	
SIGNED: (Judge/Clerk)		Date:	