

**MOTION FOR CONTINUANCE**

DCF-2015  
9/15 (Rev.)



Case LAST Name:	Case FIRST Name:	LINK #:	Date of Motion:
DCF Office:			Date of Scheduled Hearing:
Number of Prior Continuances Requested: <i>(by this requester)</i> :		Removal/Placement Issue/License Revocation Hearings: Is/Are child(ren) still in the home?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason(s) for Continuance Request: <i>(Select reason and provide explanation in space below)</i>			
<input type="checkbox"/> Counsel Not Ready <input type="checkbox"/> Counsel Not Available <input type="checkbox"/> Counsel Not Yet Retained <input type="checkbox"/> Expert Witness Not Available <input type="checkbox"/> Informal Mediation Discussions <input type="checkbox"/> Independent Evaluation Requested <input type="checkbox"/> Lay Witness Not Available <input type="checkbox"/> Outstanding Records Request <input type="checkbox"/> Party Not Available <input type="checkbox"/> Social Worker Not Available <input type="checkbox"/> Work Schedule Conflict <input type="checkbox"/> Other:			
Explanation: <i>[Must detail reason(s) for Continuance Request]:</i>			
For the above reason(s) I hereby request this case be continued to a date subsequent to <i>(earliest date Requester is available)</i> : Preferred day of week and time:			
I hereby agree to be responsible for notifying my client and all counsel of record and pro se parties whether the continuance is granted or denied. If granted, the AHU will send a Notice of Rescheduled Hearing within two weeks.			
<b>CONTINUANCE REQUEST</b>			
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: <input type="checkbox"/> <b>CONSENT</b> <input type="checkbox"/> <b>DO NOT CONSENT</b> TO THE MOTION FOR CONTINUANCE. <i>Note:</i> Agreement to continue a matter does not assure that the motion for continuance will be granted			
I hereby certify that a copy of this motion was mailed/delivered to all counsel and pro se parties of record on the date shown at right. A sheet is attached listing the contact information for each party served.			Date copies mailed/delivered:
Name of Attorney/Pro Se Party/Agency Representative:		Signature of the <i>person making motion</i> :	
Person making Motion is: <input type="checkbox"/> DCF Representative <input type="checkbox"/> Appellant (Pro Se) <input type="checkbox"/> Attorney for Appellant <input type="checkbox"/> Attorney for Child <input type="checkbox"/> Other:			
Address (No. and Street):	Apt. #/Suite:	City:	State:    Zip:    Phone:
Send E-mail to Fax completed form to: Department of Children and Families, Administrative Hearings Unit, 505 Hudson Street Hartford, CT 06106 Fax Number: 860-560-5001 or E-mail to: <a href="mailto:DCF.AHU@ct.gov">DCF.AHU@ct.gov</a>			
<b>THIS SECTION TO BE COMPLETED BY ADMINISTRATIVE HEARINGS UNIT (AHU)</b>			
LAST Name of AHU Representative:	FIRST Name of AHU Representative:	Signature of AHU Representative:	Date:
Motion for Continuance is: <input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED			

THIS SECTION FOR PARTY CONTACT INFORMATION:					
<b>APPELLANT</b>					
LAST Name of Appellant:		FIRST Name:		E-mail:	
Address (No. and Street):		Apt. #/Suite:	City:		State:
					Zip:
<b>DCF REPRESENTATIVE</b>					
LAST Name of DCF Representative:		FIRST Name:		E-mail:	
Address (No. and Street):		Apt. #/Suite:	City:		State:
					Zip:
<b>ATTORNEY FOR APPELLANT</b>					
LAST Name Attorney for Appellant:		FIRST Name:		E-mail:	
Address (No. and Street):		Apt. #/Suite:	City:		State:
					Zip:
<b>ATTORNEY FOR CHILD</b>					
LAST Name Attorney for Child:		FIRST Name:		E-mail:	
Address (No. and Street):		Apt. #/Suite:	City:		State:
					Zip:
<b>(if needed): ADDITIONAL ATTORNEY (Specify for which party):</b>					
LAST Name Attorney:		FIRST Name:		E-mail:	
Address (No. and Street):		Apt. #/Suite:	City:		State:
					Zip:
<b>(if needed): ADDITIONAL ATTORNEY (Specify for which party):</b>					
LAST Name Attorney:		FIRST Name:		E-mail:	
Address (No. and Street):		Apt. #/Suite:	City:		State:
					Zip:
<b>(if needed): OTHER (Specify role in hearing):</b>					
LAST Name:		FIRST Name:		E-mail:	
Address (No. and Street):		Apt. #/Suite:	City:		State:
					Zip:
<b>(if needed): OTHER (Specify role in hearing):</b>					
LAST Name:		FIRST Name:		E-mail:	
Address (No. and Street):		Apt. #/Suite:	City:		State:
					Zip: