

**State of Connecticut**  
**Department of Children and Families**  
**505 Hudson Street**  
**Hartford, Connecticut 06106**

Name of Case:		Link #:
DCF Area Office:	Date of Motion:	Date of Scheduled Hearing:
Number of Prior Continuances Requested <i>(by this requester)</i> :	Removal/Placement Issue/License Revocation Hearings: Is child(ren) still in the home: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Reason(s) for Continuance Request: ("*X*" reason and provide explanation in space below)

<input type="checkbox"/> Counsel Not Ready	<input type="checkbox"/> Counsel Not Available
<input type="checkbox"/> Counsel Not Yet Retained:	<input type="checkbox"/> Informal Mediation Discussions
<input type="checkbox"/> Party Not Available	<input type="checkbox"/> Social Worker Not Available
<input type="checkbox"/> Expert Witness Not Available	<input type="checkbox"/> Lay Witness Not Available
<input type="checkbox"/> Outstanding Records Request	<input type="checkbox"/> Independent Evaluation Requested
<input type="checkbox"/> Work Schedule Conflict	<input type="checkbox"/> Other

Explanation: *(Must detail reason(s) for Continuance Request)*

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For the above reason(s) I hereby request this case be continued to a date subsequent to (*earliest date Requester is available for*):  
 Preferred day of week and/or 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.

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 MOTION FOR CONTINUANCE.

Please Note: 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/delievered 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/delievered:
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Signed <i>(person making motion)</i> X	Name of Attorney/Pro Se Party/Agency Representative <i>(print or type)</i>
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Person making Motion is  
 DCF Representative  Appellant (Pro Se)  Attorney for Appellant  Attorney for Child  Other:

Address	Phone Number <i>(with area code)</i>
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ORDER	Motion for Continuance is: <input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED	Signed <i>(AHU Representative)</i>	Date
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Please fax request to:	Department of Children and Families Administrative Hearings Unit
Fax Number: (860) 560-7086	505 Hudson Street Hartford, CT 06106

**Party Contact Information**

<b>Appellant</b> <i>(list name)</i>	<b>Department Representative</b> <i>(list name)</i>
Address	Address
Phone Number(s)	Phone Number(s)
Fax Number	Fax Number
e-mail <i>(if known)</i>	e-mail <i>(if known)</i>
<b>Attorney for Appellant</b> <i>(list name)</i>	<b>Attorney for Child</b> <i>(list name)</i>
Address	Address
Phone Number(s)	Phone Number(s)
Fax Number	Fax Number
e-mail <i>(if known)</i>	e-mail <i>(if known)</i>
<b>Attorney</b> <i>(list name) (Specify for which Party)</i>	<b>Attorney</b> <i>(list name) (Specify for which Party)</i>
Address	Address
Phone Number(s)	Phone Number(s)
Fax Number	Fax Number
e-mail <i>(if known)</i>	e-mail <i>(if known)</i>
<b>Other</b> <i>(list name) (Specify role in hearing)</i>	<b>Other</b> <i>(list name) (Specify role in hearing)</i>
Address	Address
Phone Number(s)	Phone Number(s)
Fax Number	Fax Number
e-mail <i>(if known)</i>	e-mail <i>(if known)</i>