



Instructions

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

Note: If the request is granted, the court will try to schedule the event for the requested date. However, if that date is not available, it will be scheduled for the next available date.

Name of case (First-named plaintiff v. First-named defendant) Donna L. Soto, Admx., Et Al. vs. Bushmaster Firearms International, LLC, A/K/A, et al.		
Judicial District of Fairfield	Date of request 5/19/2016	Date of scheduled event (if applicable) N/A
Name of Judge who scheduled the event (if applicable) Case assigned to Judge Bellis	Docket number CV FBT CV 15	- 6048103 (S)

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

- Status Conference on or about: _____ Date _____
- Client/adjuster to be available by phone for _____ Event _____ scheduled on _____ Date _____
- Pretrial on or about _____ Date _____
- Party to be excused from _____ Event _____ scheduled on _____ Date _____
- Other: Adjudication of #141.00, #142.00, #143.00, #159.00, #160.00, #164.00, #165.00, #170.00, and #171.00

Reason(s) for request:

Per the Court's order, the parties communicated regarding filing a joint caseflow request. As different parties had different positions concerning what should be adjudicated, it became too difficult to represent each party's position clearly on one form. This form states plaintiffs' position only. Plaintiffs cannot indicate that the other parties either 'consent' or 'do not consent' to this request because of the parties' varying positions.

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

- Consent
- Do not consent to the action requested above

Signed (Person making request) 	Name of attorney and juris number or self-represented party (Print or type)
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The person requesting the action is the:

- Plaintiff
- Defendant
- Attorney for Plaintiff
- Attorney for Defendant

Firm name (If applicable) Koskoff, Koskoff & Bieder	Address 350 Fairfield Avenue, Bridgeport, CT 06604	Telephone number (with area code) (203) 336-4421
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I certify that a copy of the above was mailed or delivered on the date shown below to all counsel and self-represented parties of record. A sheet is attached listing the name and address of each party the copy was mailed or delivered to.

Signed (Individual attorney or self-represented party) 	Date 05/19/2016
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Order

Request is <input type="checkbox"/> Granted <input type="checkbox"/> Denied	Signed (Judge)	Date
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ADA NOTICE

The Judicial Branch of the State of Connecticut complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation in accordance with the ADA, contact a court clerk or an ADA contact person listed at www.jud.ct.gov/ADA/

Print Form

Reset Form