

**CASEFLOW REQUEST**

JD-CV-116 Rev. 1-16

STATE OF CONNECTICUT

**SUPERIOR COURT**

www.jud.ct.gov

CSFLREQ



**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)

**Soto, Administrator, et al. v. Bushmaster Firearms International, LLC, et al.**

Judicial District of

**Fairfield at Bridgeport**

Date of request

**08/22/2016**

Date of scheduled event (if applicable)

Name of Judge who scheduled the event (if applicable)

**Bellis, J.**

Docket number

**FBT CV 15**

**- 6048103**

**(S)**

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

Status Conference on or about: 09/20/2016 or 9/21/2016  
Date

Client/adjuster to be available by phone for \_\_\_\_\_ scheduled on \_\_\_\_\_  
Event Date

Pretrial on or about \_\_\_\_\_  
Date

Party to be excused from \_\_\_\_\_ scheduled on \_\_\_\_\_  
Event Date

Other: \_\_\_\_\_

Reason(s) for request:

The Court had offered the dates of September 8, 2016 or September 15, 2016 for the next status conference, but all parties were not available on those dates. The parties request the next status conference to be scheduled for September 20, 2016 or September 21, 2016.

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)

**Scott M. Harrington #307196**

The person requesting the action is the:

Plaintiff  Defendant  Attorney for Plaintiff  Attorney for Defendant

Firm name (if applicable)

**Diserio Martin O'Connor & Castiglioni LLP**

Address

**1 Atlantic Street, Stamford, CT 06901**

Telephone number (with area code)

**(203)358-0800**

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

**08/22/2016**

**Order**

Request is

Granted  Denied

Signed (Judge)

Date

**ADA NOTICE**

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## SERVICE LIST

Koskoff Koskoff & Bieder, PC  
350 Fairfield Avenue  
Bridgeport, CT 06604  
[jkoskoff@koskoff.com](mailto:jkoskoff@koskoff.com)  
[asterling@koskoff.com](mailto:asterling@koskoff.com)  
[khage@koskoff.com](mailto:khage@koskoff.com)

Renzulli Law Firm LLP  
81 Main Street  
Suite 508  
White Plains, NY 10601  
[crenzulli@renzullilaw.com](mailto:crenzulli@renzullilaw.com)  
[sallan@renzullilaw.com](mailto:sallan@renzullilaw.com)

Peter M. Berry, Esq.  
Berry Law LLC  
107 Old Windsor Road, 2<sup>nd</sup> Floor  
Bloomfield, CT 06002  
[firm@berrylawllc.com](mailto:firm@berrylawllc.com)