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, Administratrix, et al. v. Bushmaster Firearms International, LLC, et al.

Judicial District of	Date of request	Date of scheduled event *(if applicable)*
Fairfield at Bridgeport	**09/13/2016**	**09/20/2016**
Name of Judge who scheduled the event *(if applicable)*	Docket number	
Bellis, J.	**FBT CV 15 - 6048103 (S)**	

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

- [x] Status Conference on or about: **09/20/2016** (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).
- [x] Other: **Adjudication of Motion to Enforce Scheduling Order or Stay Response (232.00) and Response (236.00)**.

Reason(s) for request:

The parties jointly report that the only matters ready for adjudication at the Status Conference scheduled for September 20, 2016 are Plaintiffs' Motion to Enforce Scheduling Order or Stay Response to Motion for Summary Judgment (232.00) and the Remington Defendants' Response to Plaintiffs' Motion (236.00).

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:**

- [x] 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
- [x] Attorney for Defendant

Firm name *(If applicable)*	Address	Telephone number *(with area code)*
Diserio Martin O'Connor & Castiglioni LLP	**1 Atlantic Street, Stamford, CT 06901**	**(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
	09/13/2016

Order

Request is	Signed *(Judge)*	Date
[ ] Granted [ ] Denied		

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

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