



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) JONATHAN SHAPIRO v. FRANK DELBOUNO AND CITY OF BRIDGEPORT		
Judicial District of FAIRFIELD	Date of request 11/03/2016	Date of scheduled event (if applicable)
Name of Judge who scheduled the event (if applicable) Bellis, J.	Docket number FBT CV 16	- 6048078 (S)

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

- Status Conference on or about: 11/10/2016
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:

To resolve before 11/30/16 trial outstanding issues relating to ptf's 10/26/16 disclosure of new/significant medical records which warrants consideration of defs' 11/3/16 Motion for Order and Motion for Trial Continuance to pursue recontinued depo of ptf, IMEs of ptf and depos of ptf's doctors needed to address significant issues raised by ptf's newly disclosed medical records. New records also change case value warranting new pretrial eval before scheduled Nov. submission to City Council for \$\$ authority.

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) Lawrence A. Ouellette, Jr.
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The person requesting the action is the:

Plaintiff Defendant Attorney for Plaintiff Attorney for Defendant

Firm name (If applicable) Office of the City Attorney	Address 999 Broad Street, Bridgeport, CT 06604	Telephone number (with area code) 203-576-7647
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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 11-3-16
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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/