RECEIVED:



Instructions:	1)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
		new date or time. The filing of this motion does not assure that the court will grant the motion for continuance. A \$50 continuance fee is required unless excused by the court.					
	2)						
	_/	certify to the court that a copy has been sent.					
	3)		ation, see C.G.S. section 45a-106a(g) and the Probate Court Rules of Procedure, rule 10.				
	4) Type or print in ink. Use an additional sheet, or PC-180, if more space is needed.						
Probate Court Name			District Number				
Estate of/In the Matter of							
Date of Hearing or Conference			Subject of Hearing or Conference				
I request the above hearing or conference be continued for the following reason:							
I request the above hearing or conference be continued until on or after the following date:							
Each party 🗌 has agreed 🗌			has not agreed to the continuance as requested.				
Signature of Petitioner or Attorney							
Type or Print Name							
Date							
CERTIFICATION							
I certify that a copy of this motion was sent to the following persons as provided in the Probate Court Rules of Procedure, section 10.1(c):							
Name and Ac	dres	SS					

Signature of Petitioner or Attorney

Date

Estate of/In the Matter of							
For Court Use Only							
The Motion for Continuance is	Granted	Denied					
Dated at:		, Connecticut, on [Month, Day, Ye	ear]				
		Judge/Clerk					
CERTIFICATION The undersigned hereby certifies that a copy of the above order was sent on to the following as provided in the Probate Court Rules of Procedure, section 8.2:							
Name and Address							

Judge/Clerk