

**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)

**JOHNS, CONRAD Et Al v. ALFA LAVAL, INC. Et Al**

Judicial District of

**Fairfield at Bridgeport**

Date of request

**03/13/2023**

Date of scheduled event (if applicable)

Name of Judge who scheduled the event (if applicable)

**Judge Bellis**

Docket number

**FBT CV 23****- 6120092****(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: **Granting of Motion to Correct (entry no. 136).**

Reason(s) for request:

**Plaintiff's counsel respectfully request the granting of their unopposed Motion to Correct (entry no. 136).**

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)

s/438191

Name of attorney and juris number or self-represented party (Print or type)

**Kyle R. Navin**

The person requesting the action is the:

- Plaintiff  Defendant  Attorney for Plaintiff  Attorney for Defendant

Firm name (if applicable)

**Early, Lucarelli, Sweeney & Meisenkothen LLC**

Address

**265 Church Street, New Haven, CT 06510**

Telephone number (with area code)

**2037777799**

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)

s/438191

Date

**03/13/2023****Order**

Request is

- Granted  Denied

Signed (Judge)

Date

**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