

**REQUEST AND STIPULATION FOR  
REFERRED TO A PRIVATE ALTERNATIVE  
DISPUTE RESOLUTION (ADR) PROVIDER**

JD-CL-54 Rev. 3-15  
P.B. § 23-67 C.G.S. § 52-235C

**Instructions for Applicants**

1. All counsel or self-represented parties must sign fully completed form.
2. All parties should make and keep a copy for their records.
3. File both parts of this form in the Superior Court Clerk's Office in which your case is pending.

**Instructions for Clerk**

1. Bring this completed form and the file to the civil/family presiding judge.
2. Notify counsel and self-represented parties of record of the court's decision.

**STATE OF CONNECTICUT  
SUPERIOR COURT**  
[www.jud.ct.gov](http://www.jud.ct.gov)

Court Use Only  
**ADRPREF**



**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](http://www.jud.ct.gov/ADA).

Name of case		Docket number	
<input type="checkbox"/> Judicial District <input type="checkbox"/> Housing Session		Address of court (Number, street, town, state and zip code)	
Type of case (Check one)		Trial list claim filed <input type="checkbox"/> No <input type="checkbox"/> Yes If yes: _____	Claim date: _____ Trial date: _____ Return date: _____
<input type="checkbox"/> Civil <input type="checkbox"/> Family <input type="checkbox"/> Housing			

**Request And Stipulation**

All parties request and stipulate that this case shall be submitted to a private Alternative Dispute Resolution provider as follows:

1. **Type Of ADR:**  Non-Binding Mediation    Binding Arbitration  
 Other \_\_\_\_\_

2. **ADR Provider:**

(Specify Name of ADR Provider Selected By Parties) \_\_\_\_\_ Provider Number (See Clerk for List) \_\_\_\_\_

3. **Scope Of ADR:**  All issues    Liability only    Damages only    Discovery disputes

4. **Requested Referral Period:**

(Not to Exceed Ninety Days) \_\_\_\_\_

5. **Special Conditions If Any:** \_\_\_\_\_

Plaintiff Counsel/Self-represented party		Defendant Counsel/Self-represented party	
(Signature)	(Date)	(Signature)	(Date)
(Signature)	(Date)	(Signature)	(Date)
(Signature)	(Date)	(Signature)	(Date)

**Order**

The request and stipulation has been reviewed by this court and it is ORDERED that:

the above-entitled case is referred to Alternative Dispute Resolution, and all court proceedings are stayed through or until the ADR process is completed, whichever occurs first.  
 (Specify date - Not to exceed ninety days) \_\_\_\_\_

the above-entitled case is not referred to Alternative Dispute Resolution.

The parties are ordered to file an ADR Result Report with the clerk's office no later than five days after the expiration of the above stay.

Special Conditions of Order: \_\_\_\_\_

By the court: \_\_\_\_\_  
 (Judge/Clerk) \_\_\_\_\_  
 (Date) \_\_\_\_\_

Distribution: White - Clerk's Office   Yellow - Caseflow