

**REQUEST TO CONFORM CASE INITIATION
DATA ENTRY INFORMATION TO SMALL
CLAIMS WRIT AND NOTICE OF SUIT**

JD-CL-116 New 1-11

STATE OF CONNECTICUT
SUPERIOR COURT
www.jud.ct.gov

Instructions to Person Making Request: This form may be used only to request that data incorrectly entered electronically be conformed to the information on the Small Claim Writ and Notice of Suit that was served.

Instructions to Court Staff: Bring this form to the Clerk of Centralized Small Claims.

Name of Case <i>(First-named Plaintiff vs. First-named Defendant)</i>	Docket number
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Court location

The Plaintiff(s) respectfully represent(s) that the case initiation documents in the case named above were served on the defendant(s) on _____ . After service on the defendant(s), the documents were filed with the Court electronically through e-filing. The data entered in the e-filing system does not conform to the data contained on the Small Claims Writ and Notice of Suit served on the defendant(s) as follows:

<i>(Check all that apply)</i>	Data entered in the case management system	Information contained on the summons served
<input type="checkbox"/> Case Type		
<input type="checkbox"/> Venue		
<input type="checkbox"/> Amount Claimed		
<input type="checkbox"/> Party Type		
<input type="checkbox"/> Name(s) of Plaintiff(s)		
<input type="checkbox"/> Name(s) of Defendant(s)		

The plaintiff(s) therefore request(s) that the incorrect data contained in the Court's case management system be changed to conform to the information on the Small Claims Writ and Notice of Suit.

Signed	Print Name of Person Signing	Juris Number	Date Signed
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Certification

I certify that a copy of this document was mailed or delivered electronically or non-electronically to all attorneys and self-represented parties of record on _____ and that written consent for electronic delivery was received from all attorneys and self-represented parties receiving electronic delivery.

Name and address of each party and attorney that copy was mailed or delivered to*

*If necessary, attach additional sheet or sheets with name and address which the copy was mailed or delivered to.

Signed <i>(Individual attorney or self-represented party)</i>	Print or type name of person signing
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<input type="checkbox"/> Acted on as requested
<input type="checkbox"/> No action taken (reasons): _____
<input type="checkbox"/> Notice sent to parties on (date): _____

By: _____ Date: _____
(Clerk/Assistant Clerk)