

**CERTIFICATE OF
CLOSED PLEADINGS**JD-CV-11 Rev. 10-20
P.B. §§ 14-4, 14-8, 14-9For information on ADA accommodations,
contact a court clerk or go to: www.jud.ct.gov/ADA.STATE OF CONNECTICUT
SUPERIOR COURT
www.jud.ct.govName of case (*Plaintiff v. Defendant*)

Docket number

☐ Judicial District
☐ Housing Session
☐ Geographical Area number _____Address of court (*number, street, town and zip code*)**I certify that the pleadings in this case are closed on the issue(s) as to all parties.**

Name of person making certification

Signature

☐ Plaintiff
☐ Attorney for Plaintiff
☐ Defendant
☐ Attorney for Defendant**The pleadings being closed, the case will proceed as a(n):** (*Select all that apply*)

- ☐ Jury Trial (*Also file a Claim for Jury (Form JD-CL-53), with statutory fee.*)
☐ Hearing in Damages to the Court
☐ Hearing in Damages to the Jury (*Also file a Claim for Jury (Form JD-CL-53) with statutory fee.*)
☐ Administrative Appeal: (*Select applicable box*) ☐ Record ☐ Non-record
☐ Non-Jury Matter (*court trial*)

A. If case is privileged, then complete this section.1. Basis of privilege under Section 14-9 of the Connecticut Practice Book: (*Select all that apply*)

- | | |
|---|---|
| <input type="checkbox"/> hearing under the fair employment practices act or the labor relations act; | <input type="checkbox"/> habeas corpus proceeding; |
| <input type="checkbox"/> an action brought by or on behalf of the state, other than actions upon probate bonds; | <input type="checkbox"/> motion to dissolve temporary injunction; |
| <input type="checkbox"/> appeal from the employment security board of review; | <input type="checkbox"/> motion for temporary injunction; |
| <input type="checkbox"/> appeal from probate or from the doings of commissioners appointed by court of probate; | <input type="checkbox"/> writ of ne exeat, prohibition, or mandamus; |
| <input type="checkbox"/> action brought by receiver of insolvent corporation by order of court; | <input type="checkbox"/> application for appointment of receiver; |
| <input type="checkbox"/> action by or against any person sixty-five years of age or older or who reaches such age while the action is pending; | <input type="checkbox"/> disclosure by garnishee; |
| <input type="checkbox"/> appeal from findings, orders, or other actions of the public utilities control authority; | <input type="checkbox"/> action by or against executor, administrator, or trustee in bankruptcy or insolvency; |
| <input type="checkbox"/> equitable action tried to the court in which the essential claim asserted is for a permanent injunction and any claim for damages or other relief, legal or equitable, is merely in lieu of, or supplemental to, the claim for injunction; | <input type="checkbox"/> hearing to the court in damages on default or case where there is an issue as to damages after the court has granted a summary judgment on the issue of liability; |
| | <input type="checkbox"/> case remanded by the
<input type="checkbox"/> Supreme Court <input type="checkbox"/> Appellate Court
for a new trial or case in which a verdict has been set aside, a new trial granted, or a mistrial declared. |

2. If privilege is other than those specified in Section 14-9 of the Connecticut Practice Book, state ground of claim and authority:

B. Relief requested. Excluding interest and costs, the amount, legal interest, or property in demand is:(*Select one amount*)☐ \$15,000 or more. **OR** ☐ less than \$15,000.(*Select if applicable*)☐ I am claiming other relief in addition to, or instead of, money damages.**Certification**

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

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

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

Signed (*Signature of filer*)

Print or type name of person signing

Date signed

Mailing address (*Number, street, town, state and zip code*)

Telephone number