

**APPLICATION FOR REFERRAL OF CASE TO
THE INDIVIDUAL CALENDARING PROGRAM**

JD-CV-132 New 1-13

**STATE OF CONNECTICUT
SUPERIOR COURT - CIVIL DIVISION**COURT USE ONLY
INDICAL

www.jud.ct.gov

**Instructions**

1. Counsel and self-represented parties who want to have a case referred to the individual calendaring program (IndiCal) must supply all of the information requested below. (Not supplying complete and accurate information may disqualify a case.)
2. Information that does not fit on this form should be attached on a separate sheet and numbered to correspond to the questions on the form.
3. Self-represented parties and attorneys excluded from e-filing must file the form with the clerk in the judicial district where the case is pending. Attorneys not excluded from e-filing must e-file this form and select "IndiCal Program Referral Application" when naming the form in e-filing.

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.

Name and address of applicant	Juris number (if applicant has one)	Telephone number
1. Case name (First-named Plaintiff vs. First-named Defendant)	2. Docket number	
3. Judicial District where case is pending	4. Case type	5. Return date of original complaint

6. List all plaintiffs and their counsel:

Plaintiff's name	Counsel's name and address	Counsel's phone number

7. List all defendants and their counsel:

Defendant's name	Counsel's name and address	Counsel's phone number

8. Do self-represented parties or opposing counsel agree to the referral? Yes No Don't know**9. Status of Litigation****Yes No**a. pleadings closed..... b. discovery completed, c. trial date assigned..... if so, when _____
(Date) Estimated length of trial _____d. trial list claim filed Jury Court None**10. Briefly describe the nature of the case:****11. Reasons why this case should be referred to the IndiCal Program**

Certification

I certify that a copy of this document was 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 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 (Signature of filer) ►	Print or type name of person signing	Date signed
Mailing address (Number, street, town, state and zip code)		Telephone number