

## **SHORT CALENDAR LIST CLAIM/RECLAIM**

JD-CL-6 Rev. 10-19  
P.B. §§ 11-13, 11-18, 17-31, 17-45, 19-16, 22-2, 25-34, 25a-13

**Note:** If you are an attorney and the file is electronic, and you are not exempt from E-filing, do not use this form. Use the 'E-file a reclaim' option in the E-filing system.

## **Instructions**

1. Use this form for reclaiming motions or for motions that must be claimed by rule.  
Do not file this form with original motions.
2. File the completed form with the clerk of court.
3. Keep a copy for your records.
4. Give a copy to each attorney or self-represented party of record.

STATE OF CONNECTICUT

## **SUPERIOR COURT**

[www.jud.ct.gov](http://www.jud.ct.gov)



For information on ADA accommodations, contact a court clerk or go to: [www.jud.ct.gov/ADA](http://www.jud.ct.gov/ADA).

### Return date

**Docket number**

Name of case (*Full name of Plaintiff v. Full name of Defendant*)

Judicial District    Housing Session   Address of court (Number, street, town and zip code)

The:  Plaintiff  Defendant  Support Enforcement Officer  
 Other (Specify) \_\_\_\_\_

is claiming or reclaiming the following motion(s) for the **SHORT CALENDAR LIST**:

## 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\* \_\_\_\_\_

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.

|   |                                      |                  |
|---|--------------------------------------|------------------|
| If necessary, attach additional sheet or sheets with name and address where the copy was or will be mailed or delivered to: |                                      |                  |
| Signed (Signature of filer)<br>          | Print or type name of person signing | Date signed      |
| Mailing address (Number, street, town, state and zip code)  |                                      | Telephone number |

Superior Court (Other than Family Support Magistrate Matters)  Assigned for Trial  Family Support Magistrate Matters