

**REQUEST FOR ADJUDICATION
COMPLEX LITIGATION DOCKET (CLD)**

JD-CL-77 Rev. 2-18

COURT USE ONLY
RADJCLD


STATE OF CONNECTICUT

SUPERIOR COURT

www.jud.ct.gov



Instructions

1. Fill out a form for each motion, objection, or request that you want decided.
2. File in the CLD location where the case is assigned.
3. In all cases that require e-filing, Requests for Adjudication shall be e-filed and the filer must select "Request for Adjudication Complex Litigation (JD-CL-77)" when naming the form in e-filing.

The Court will **only** act on or schedule a motion, objection, or request if this request form is filed. This request form should be filed **after** the time for filing a response to the motion or objection has passed (unless the matter needs immediate action or the parties agree, in which case it may be filed before the time for filing a response has passed).

Judicial district	Name of case	Docket number	
Title of motion or objection that you want decided		Date of motion or objection	Motion or objection entry number
Name of the party filing this request			

Yes No

1. May the motion or objection be granted or sustained by agreement or consent?

2. Has opposing counsel or self-represented party already filed a response to the motion or objection?

If yes, provide the date of the response: _____ and entry number: _____

If no, indicate the agreed date, if any, when the response will be filed: _____

3. Is oral argument requested?

4. Is testimony required?

If yes, how much time will be needed: _____

5. Does the matter need immediate action?

If yes, explain why it is necessary. A telephonic conference may be requested for matters that need immediate action.

6. Are there any other motions or pleadings directly related to the Court's consideration of the motion or objection?

If yes, give the title, date, and entry number of the motion(s) or pleading(s):

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