

**CERTIFICATE OF COMPLETION
OF LIMITED APPEARANCE**

JD-CL-122 Rev. 2-16
P.B. 3-9(c)

STATE OF CONNECTICUT
SUPERIOR COURT

www.jud.ct.gov

(For Court Use Only)

CERTCOM



Instructions to Attorneys:

1. Fill out the form, including the certification section at the end of the form. File the original paper version of this form with the clerk. Mail or deliver a copy to all attorneys and self-represented parties of record.
2. Event(s) or Proceeding(s) for which this Certificate of Completion is being filed must **exactly** match the event(s) or proceeding(s) on the Limited Appearance form JD-CL-121.

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.

Docket number

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Name of Case (Full name of Plaintiff v. Full name of Defendant)

Judicial Small Claims Housing

Address of Court (Number, state, town and zip code)

I have completed my representation for _____ for the following

(Name of party/parties)

event(s) and/or proceeding(s) as defined on the Limited Appearance (form JD-CL-121) filed with the court on _____

(Date filed)

Name of Proceeding or Event	Proceeding or Event Date	Name of Proceeding or Event	Proceeding or Event Date
<input type="checkbox"/> Family - Hearing on Order for Relief from Abuse		<input type="checkbox"/> Family - Conciliation Session	
<input type="checkbox"/> Civil Protection Order		<input type="checkbox"/> Civil - Case Evaluation Conference	
<input type="checkbox"/> Pretrial Conference		<input type="checkbox"/> Mediation	
<input type="checkbox"/> Status Conference		<input type="checkbox"/> Other ADR Process Session	
<input type="checkbox"/> Civil - Discovery/Scheduling Order Conference		<input type="checkbox"/> Foreclosure Mediation Program - Premediation	
<input type="checkbox"/> Trial Management Conference		<input type="checkbox"/> Foreclosure Mediation Program - Mediation	
<input type="checkbox"/> Family - Special Masters Conference		<input type="checkbox"/> Trial	
<input type="checkbox"/> Family - Special Masters Conference		<input type="checkbox"/> Civil - Jury Selection	
<input type="checkbox"/> Pre-Judgment Motion(s) / Hearing(s)			

(Provide additional description, if necessary)

<input type="checkbox"/> Post-Judgment Motion(s) / Hearing(s)	
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(Provide additional description, if necessary)

<input type="checkbox"/> Other (Specify):	
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(Provide additional description, if necessary. Be as specific as possible, for example: entry number(s), file date(s), title(s) of motion(s).)

Signed (Individual attorney)

Name of person signing at left (Print or type)

Juris number

Date signed

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 receiving electronic delivery.

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

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*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