

**FORECLOSURE MEDIATION —  
MOTION FOR PERMISSION TO  
REQUEST MEDIATION LATER THAN  
15 DAYS AFTER RETURN DATE OR  
TO CHANGE MEDIATION PERIOD**

JD-CV-96 Rev. 5-18  
C.G.S. § 49-31k-n

**Instructions to person filing this form**

1. Type or print legibly.
2. Fill out section I or II of this form and file it with the court.
3. An Appearance form (JD-CL-12) must be filed with this form if an appearance has not already been filed with the court.

STATE OF CONNECTICUT  
SUPERIOR COURT

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



**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](http://www.jud.ct.gov/ADA).

Name of case (*Plaintiff v. Defendant*)

Docket number

Judicial district

Return date

**I. Motion for Permission to file a Foreclosure Mediation Certificate or Request  
later than 15 days after the return date:**

I request permission to file the Foreclosure Mediation Certificate (JD-CV-108) or Foreclosure Mediation Request (JD-CV-93) accompanying this motion for the following reason:

PPMP



OR

**II. Motion for Modification of Mediation Period:**

I request that the mediation period be modified, as follows:

Extend the mediation period to \_\_\_\_\_ for the following reason:  
(*Date*)

FMMOD



OR

Shorten the mediation period to \_\_\_\_\_ for the following reason:  
(*Date*)

FMSHORT



Signature of person submitting motion

Print name of person signing

Date signed

Address (*Number, street, town, state, zip code*)

Telephone number

**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.

Signature of person submitting motion

Print name of person signing

Date signed



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

Telephone number

**Order (For Court Use Only)**  Granted until: \_\_\_\_\_

Denied

By the Court (Judge/Clerk)

Date