CONSENT OF PARTIES TO REFERRAL TO JUDGE TRIAL REFEREE — CIVIL MATTERS — FOR TRIAL, JUDGMENT AND APPEAL

JD-CV-111 Rev. 10-09
C.G.S. §§ 52-434 (a)(1), 52-434 (b)
P.B. § 19-3

Instructions:

1. File this form with the Clerk's Office at the Judicial District court location where the case is pending, unless this case has been referred to the Complex Litigation Docket.

2. If this case has been referred to the Complex Litigation Docket, send the form to: **Clerk, Waterbury Judicial District, CLD, Attn: Chief Administrative Judge, 300 Grand Street, Waterbury, CT 06702.**

Name of case	Docket number

Judicial District *(Number, street, town and zip code)*

1. The parties signing below understand that written consent is required for the Superior Court to refer any civil jury case pending before the court in which the issues have been closed to a judge trial referee who shall have and exercise the powers of the Superior Court in respect to trial, judgment and appeal. C.G.S. § 52-434 (a)(1).

2. If this case is or becomes a civil jury case in which the issues have been closed, the parties signing below consent to the Superior Court referring this case for trial, judgment and appeal to a judge trial referee appointed pursuant to C.G.S. § 52-434 (b).

3. The parties signing below acknowledge that lack of consent to referral to a judge trial referee under the circumstances outlined above does not prevent a referral of this case to a judge trial referee under circumstances for which consent to such referral is not required.

Signature of all parties or their attorney(s) is necessary.

Name of Plaintiff(s)*	Signature of Plaintiff(s) or Signature of Attorney(s) for Plaintiff(s)	Print name of person signing

Name of Defendant(s)*	Signature of Defendant(s) or Signature of Attorney(s) for Defendant(s)	Print name of person signing

If necessary, attach additional sheet for signature(s).

For Court Use Only:

☐ Referred to Judge Trial Referee   Name of JTR: _____

Name of Referring Judge: _____

Date of Referral: _____

Additional Orders: _____

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