

**FORECLOSURE MEDIATION -
MEDIATION SPECIALIST'S REQUEST
TO EXTEND MEDIATION PERIOD**

JD-CV-105 Rev. 12-20
C.G.S. §§ 49-31k, 49-31n

STATE OF CONNECTICUT
SUPERIOR COURT

www.jud.ct.gov



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

COURT USE ONLY

FMEXT



Name of Case	Docket Number
Judicial District of	Return Date

I request that the mediation period be extended to _____ for the following reason(s):
(Date)

Mediation Specialist's Signature	Print name of person signing	Date
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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
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