

LIST OF EXHIBITS

JD-CL-28 Rev. 6-16

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.

Instructions

Attorneys and Self-Represented Parties

For Trials:

Before the first day of jury selection or before the first day of trial if the case is a not a jury case, get exhibit stickers from the civil clerk's office.

Fill out this form as follows:

- 1. Fill in the Type of Proceeding, Name of Case and Docket Number at the top of the list.*
- 2. For each plaintiff's exhibit, fill in a description of the exhibit; indicate if the exhibit is a full exhibit (the parties agree) or if the exhibit is for ID (identification) only (the opposing party objects) by crossing out the choice on the form that does not apply ("full" or "ID"). Put a yellow plaintiff's exhibit sticker on an open area of the exhibit. The sticker must include the docket number of the case and the exhibit number (the number on the form where the exhibit is described).*
- 3. For each defendant's exhibit, fill in a description of the exhibit; indicate if the exhibit is a full exhibit (the parties agree) or if the exhibit is for ID (identification) only (the opposing party objects) by crossing out the choice on the form that does not apply ("full" or "ID"). Put a light blue defendant's exhibit sticker on an open area of the exhibit. The sticker must include the docket number of the case and the exhibit letter (the letter on the form where the exhibit is described).*
- 4. If there are more than 26 plaintiff's exhibits or more than 26 defendant's exhibits, use the "List of Exhibits (continued)" form (JD-CL-28A) for the List of Exhibits continuing with the next number or letter. Put the next number or letter in the same column as the description of the exhibit.*
- 5. On or before the first day of evidence, give the form to the courtroom clerk.*
- 6. In civil and family cases, you must give a copy of all exhibits to the opposing counsel or opposing self-represented party. Before submitting exhibits to the court, you should redact (take out) any personal identifying information (see Section 4-7 of the Connecticut Practice Book for a description of personal identifying information), unless the information is required to establish a fact at issue in your case.*

Clerks

- 1. At the commencement of the trial obtain the List of Exhibits from the attorneys or self-represented party.*
- 2. Complete the information at the top of the form.*
- 3. As each exhibit is introduced write the date on the exhibit's sticker and indicate in the column labeled "Entered as Full or ID" whether the exhibit is a full exhibit or for ID only by placing an F or ID in the column next to the description of the exhibit. All exhibits so marked must be retained by the clerk. If an exhibit is not admitted during the trial, the column should be marked N/A indicating that the exhibit was not admitted into evidence. At the end of the trial be sure each exhibit has one of these markings.*
- 4. For State exhibits, on side 2 of the Exhibit List enter a brief description of the exhibit and in the column to the left of the description indicate, by crossing out the incorrect choice, whether the exhibit is a full exhibit (parties agree) or for ID only (a party objects). As each exhibit is introduced indicate in the column labeled "Entered into Evidence" whether the exhibit is a full exhibit or for ID only by placing an F or ID in the column next to the description of the exhibit. All exhibits so marked must be retained by the clerk. If an exhibit is not admitted during the trial, the column should be marked N/A indicating that the exhibit was not admitted into evidence. At the end of the trial be sure each exhibit has one of these markings. Put a red State's Exhibit sticker on an open area of the exhibit. The sticker must include the docket number of the case, the exhibit number and the date marked.*
- 5. For court exhibits (jury questions) on side 2 of the Exhibit List enter a brief description of the exhibit next to the appropriate exhibit letter. Put a lavender Court Exhibit sticker on an open area of the exhibit. The sticker must include the docket number of the case, the exhibit letter and the date marked.*
- 6. Be sure all full or ID only exhibits have been given to the clerk for keeping until after judgment is entered and the appeal period has expired. Store in appropriate location as instructed by the Chief Clerk. Make appropriate entries in the Edison Exhibit Log.*

LIST OF EXHIBITS

JD-CL-28 Rev. 6-16

STATE OF CONNECTICUT
SUPERIOR COURT

LISTEXH



Type of Proceeding: _____

Date(s) of Proceeding: _____

Court <input type="checkbox"/> Geographic Area number _____	Judicial District of: _____	Housing Session <input type="checkbox"/> _____	At (Town) _____
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Name of case _____	Name(s) of Clerk(s) _____
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Name of Judge _____	Name(s) of court reporter(s) _____	Docket number _____
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Plaintiff's Exhibits		Entered as Full or ID	Defendant's Exhibits		Entered as Full or ID
<input type="checkbox"/> ID	1.		<input type="checkbox"/> ID	A.	
<input type="checkbox"/> Full			<input type="checkbox"/> Full		
<input type="checkbox"/> ID	2.		<input type="checkbox"/> ID	B.	
<input type="checkbox"/> Full			<input type="checkbox"/> Full		
<input type="checkbox"/> ID	3.		<input type="checkbox"/> ID	C.	
<input type="checkbox"/> Full			<input type="checkbox"/> Full		
<input type="checkbox"/> ID	4.		<input type="checkbox"/> ID	D.	
<input type="checkbox"/> Full			<input type="checkbox"/> Full		
<input type="checkbox"/> ID	5.		<input type="checkbox"/> ID	E.	
<input type="checkbox"/> Full			<input type="checkbox"/> Full		
<input type="checkbox"/> ID	6.		<input type="checkbox"/> ID	F.	
<input type="checkbox"/> Full			<input type="checkbox"/> Full		
<input type="checkbox"/> ID	7.		<input type="checkbox"/> ID	G.	
<input type="checkbox"/> Full			<input type="checkbox"/> Full		
<input type="checkbox"/> ID	8.		<input type="checkbox"/> ID	H.	
<input type="checkbox"/> Full			<input type="checkbox"/> Full		
<input type="checkbox"/> ID	9.		<input type="checkbox"/> ID	I.	
<input type="checkbox"/> Full			<input type="checkbox"/> Full		
<input type="checkbox"/> ID	10.		<input type="checkbox"/> ID	J.	
<input type="checkbox"/> Full			<input type="checkbox"/> Full		
<input type="checkbox"/> ID	11.		<input type="checkbox"/> ID	K.	
<input type="checkbox"/> Full			<input type="checkbox"/> Full		
<input type="checkbox"/> ID	12.		<input type="checkbox"/> ID	L.	
<input type="checkbox"/> Full			<input type="checkbox"/> Full		
<input type="checkbox"/> ID	13.		<input type="checkbox"/> ID	M.	
<input type="checkbox"/> Full			<input type="checkbox"/> Full		
<input type="checkbox"/> ID	14.		<input type="checkbox"/> ID	N.	
<input type="checkbox"/> Full			<input type="checkbox"/> Full		
<input type="checkbox"/> ID	15.		<input type="checkbox"/> ID	O.	
<input type="checkbox"/> Full			<input type="checkbox"/> Full		
<input type="checkbox"/> ID	16.		<input type="checkbox"/> ID	P.	
<input type="checkbox"/> Full			<input type="checkbox"/> Full		
<input type="checkbox"/> ID	17.		<input type="checkbox"/> ID	Q.	
<input type="checkbox"/> Full			<input type="checkbox"/> Full		
<input type="checkbox"/> ID	18.		<input type="checkbox"/> ID	R.	
<input type="checkbox"/> Full			<input type="checkbox"/> Full		
<input type="checkbox"/> ID	19.		<input type="checkbox"/> ID	S.	
<input type="checkbox"/> Full			<input type="checkbox"/> Full		
<input type="checkbox"/> ID	20.		<input type="checkbox"/> ID	T.	
<input type="checkbox"/> Full			<input type="checkbox"/> Full		
<input type="checkbox"/> ID	21.		<input type="checkbox"/> ID	U.	
<input type="checkbox"/> Full			<input type="checkbox"/> Full		
<input type="checkbox"/> ID	22.		<input type="checkbox"/> ID	V.	
<input type="checkbox"/> Full			<input type="checkbox"/> Full		
<input type="checkbox"/> ID	23.		<input type="checkbox"/> ID	W.	
<input type="checkbox"/> Full			<input type="checkbox"/> Full		
<input type="checkbox"/> ID	24.		<input type="checkbox"/> ID	X.	
<input type="checkbox"/> Full			<input type="checkbox"/> Full		
<input type="checkbox"/> ID	25.		<input type="checkbox"/> ID	Y.	
<input type="checkbox"/> Full			<input type="checkbox"/> Full		
<input type="checkbox"/> ID	26.		<input type="checkbox"/> ID	Z.	
<input type="checkbox"/> Full			<input type="checkbox"/> Full		

Plaintiff's exhibits returned to _____	Date _____	Defendant's exhibits returned to _____	Date _____
Receipt acknowledged (Attorney for Plaintiff) _____	Date _____	Receipt acknowledged (Attorney for Defendant) _____	Date _____

Name of case

Docket number

State's Exhibits		Entered as Full or ID	Court's Exhibits		Entered as Full or ID
<input type="checkbox"/> ID <input type="checkbox"/> Full	1.		<input type="checkbox"/> ID <input type="checkbox"/> Full	A.	
<input type="checkbox"/> ID <input type="checkbox"/> Full	2.		<input type="checkbox"/> ID <input type="checkbox"/> Full	B.	
<input type="checkbox"/> ID <input type="checkbox"/> Full	3.		<input type="checkbox"/> ID <input type="checkbox"/> Full	C.	
<input type="checkbox"/> ID <input type="checkbox"/> Full	4.		<input type="checkbox"/> ID <input type="checkbox"/> Full	D.	
<input type="checkbox"/> ID <input type="checkbox"/> Full	5.		<input type="checkbox"/> ID <input type="checkbox"/> Full	E.	
<input type="checkbox"/> ID <input type="checkbox"/> Full	6.		<input type="checkbox"/> ID <input type="checkbox"/> Full	F.	
<input type="checkbox"/> ID <input type="checkbox"/> Full	7.		<input type="checkbox"/> ID <input type="checkbox"/> Full	G.	
<input type="checkbox"/> ID <input type="checkbox"/> Full	8.		<input type="checkbox"/> ID <input type="checkbox"/> Full	H.	
<input type="checkbox"/> ID <input type="checkbox"/> Full	9.		<input type="checkbox"/> ID <input type="checkbox"/> Full	I.	
<input type="checkbox"/> ID <input type="checkbox"/> Full	10.		<input type="checkbox"/> ID <input type="checkbox"/> Full	J.	
<input type="checkbox"/> ID <input type="checkbox"/> Full	11.		<input type="checkbox"/> ID <input type="checkbox"/> Full	K.	
<input type="checkbox"/> ID <input type="checkbox"/> Full	12.		<input type="checkbox"/> ID <input type="checkbox"/> Full	L.	
<input type="checkbox"/> ID <input type="checkbox"/> Full	13.		<input type="checkbox"/> ID <input type="checkbox"/> Full	M.	
<input type="checkbox"/> ID <input type="checkbox"/> Full	14.		<input type="checkbox"/> ID <input type="checkbox"/> Full	N.	
<input type="checkbox"/> ID <input type="checkbox"/> Full	15.		<input type="checkbox"/> ID <input type="checkbox"/> Full	O.	
<input type="checkbox"/> ID <input type="checkbox"/> Full	16.		<input type="checkbox"/> ID <input type="checkbox"/> Full	P.	
<input type="checkbox"/> ID <input type="checkbox"/> Full	17.		<input type="checkbox"/> ID <input type="checkbox"/> Full	Q.	
<input type="checkbox"/> ID <input type="checkbox"/> Full	18.		<input type="checkbox"/> ID <input type="checkbox"/> Full	R.	
<input type="checkbox"/> ID <input type="checkbox"/> Full	19.		<input type="checkbox"/> ID <input type="checkbox"/> Full	S.	
<input type="checkbox"/> ID <input type="checkbox"/> Full	20.		<input type="checkbox"/> ID <input type="checkbox"/> Full	T.	
<input type="checkbox"/> ID <input type="checkbox"/> Full	21.		<input type="checkbox"/> ID <input type="checkbox"/> Full	U.	
<input type="checkbox"/> ID <input type="checkbox"/> Full	22.		<input type="checkbox"/> ID <input type="checkbox"/> Full	V.	
<input type="checkbox"/> ID <input type="checkbox"/> Full	23.		<input type="checkbox"/> ID <input type="checkbox"/> Full	W.	
<input type="checkbox"/> ID <input type="checkbox"/> Full	24.		<input type="checkbox"/> ID <input type="checkbox"/> Full	X.	
<input type="checkbox"/> ID <input type="checkbox"/> Full	25.		<input type="checkbox"/> ID <input type="checkbox"/> Full	Y.	
<input type="checkbox"/> ID <input type="checkbox"/> Full	26.		<input type="checkbox"/> ID <input type="checkbox"/> Full	Z.	
State's Exhibits Returned To		Date			
Receipt Acknowledged		Date			