

**REQUEST TO CONFORM CASE INITIATION
DATA ENTRY INFORMATION TO SMALL
CLAIMS WRIT AND NOTICE OF SUIT**

JD-CL-116 Rev. 7-22

STATE OF CONNECTICUT
SUPERIOR COURT
www.jud.ct.gov



Instructions to person making request: *This form may be used only to request that data incorrectly entered electronically be conformed to the information on the Small Claim Writ and Notice of Suit that was served.*

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

Instruction to Court Staff: *Bring this form to the Chief Clerk or designee.*

Name of case <i>(First-named Plaintiff v. First-named Defendant)</i>	Docket number
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Court location *(Number, street, town, state and zip code)*

The plaintiff(s) represent(s) that the case initiation documents in the case named above were served on the defendant(s) on _____ . After service on the defendant(s), the documents were filed with the Court electronically through e-filing. The data entered in the e-filing system does not conform to the data contained on the *Small Claims Writ and Notice of Suit* served on the defendant(s) as follows: *(Select all that apply)*

	Data entered in the case management system	Information contained on the summons served
<input type="checkbox"/> Case type		
<input type="checkbox"/> Venue		
<input type="checkbox"/> Amount claimed		
<input type="checkbox"/> Party type		
<input type="checkbox"/> Name(s) of plaintiff(s)		
<input type="checkbox"/> Name(s) of defendant(s)		

The plaintiff(s) therefore request(s) that the incorrect data contained in the Court's case management system be changed to conform to the information on the *Small Claims Writ and Notice of Suit*.

Signed	Print name of person signing	Juris Number	Date signed
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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*

Signed <i>(Signature of filer)</i> ▶	Print or type name of person signing	Date signed
Mailing address <i>(Number, street, town, state and zip code)</i>		Telephone number