


LIMITED APPEARANCE

JD-CL-121 Rev. 2-25
R.P.C. 4.2; P.B. §§ 3-3(b), 3-8(a)(b), 10-13

(For Court Use Only)
LTDAPP


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



Note: Self-represented parties (pro se parties): Do not use this form. Use form JD-CL-12.

Instructions to Attorneys:

1. Fill out the form, including the certification section at the end of the form. File the original paper version of this form with the clerk. Mail or deliver a copy to all attorneys and self-represented parties of record.
2. If this limited appearance is not being filed in place of another limited appearance, check each event or proceeding for which the limited appearance is being filed. Do not complete the "In place of" or the "In addition to" boxes.
3. If you are filing a limited appearance in place of another attorney with a limited appearance, the event(s) or proceeding(s) on your in place of limited appearance must **exactly** match the event(s) or proceeding(s) on the limited appearance being replaced. Indicate these events by completing the "In place of" box that corresponds with the event(s) or proceeding(s).

Return date
Docket number
- - - - S

Name of Case (Full name of Plaintiff v. Full name of Defendant)

Judicial District Small Claims Housing Address of Court (Number, state, town and zip code)

1. Enter the Limited Appearance of: _____
(Juris number)

Attorney			
Firm			
Address		City	State Zip
Phone	Email address		

For the following party or parties:

Party				
Address	City	State	Zip	Phone

Party				
Address	City	State	Zip	Phone

2. The attorney's appearance in this matter is limited to the following event(s) and/or proceeding(s). If necessary, provide a brief additional description of the event and/or proceeding for which the limited appearance is being filed.

Event or Proceeding	Event or Proceeding Date, if applicable	Appearance in place of, if applicable (Name and Juris number)	Appearance in addition to, if applicable (Name and Juris number)
<input type="checkbox"/> Family - Hearing on Order for Relief from Abuse			
<input type="checkbox"/> Civil Protection Order			
<i>(Additional description, if necessary)</i>			

(Event or Proceeding information continued on the next pages)

<p>For information on ADA accommodations, contact the Centralized ADA Office at 860-706-5310 or go to: www.jud.ct.gov/ADA/</p>
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Event or Proceeding	Event or Proceeding Date, if applicable	Appearance in place of, if applicable <i>(Name and Juris number)</i>	Appearance in addition to, if applicable <i>(Name and Juris number)</i>
<input type="checkbox"/> Pre-Judgment Motion(s) / Hearing(s) Entry number(s) <i>(If available)</i> File date(s) <i>(If available)</i> <i>(Additional description, if necessary)</i>			
<input type="checkbox"/> Post-Judgment Motion(s) / Hearing(s) Entry number(s) <i>(If available)</i> File date(s) <i>(If available)</i> <i>(Additional description, if necessary)</i>			
<input type="checkbox"/> Pretrial Conference <i>(Additional description, if necessary)</i>			
<input type="checkbox"/> Status Conference <input type="checkbox"/> Civil - Discovery/Scheduling Order Conference <i>(Additional description, if necessary)</i>			
<input type="checkbox"/> Trial Management Conference <i>(Additional description, if necessary)</i>			
<input type="checkbox"/> Family - Special Masters Conference <i>(Additional description, if necessary)</i>			
<input type="checkbox"/> Family - Conciliation Session <input type="checkbox"/> Civil - Case Evaluation Conference <i>(Additional description, if necessary)</i>			
<input type="checkbox"/> Mediation <input type="checkbox"/> Other ADR Process Session <input type="checkbox"/> Foreclosure Mediation Program - Premediation <input type="checkbox"/> Foreclosure Mediation Program - Mediation <i>(Additional description, if necessary)</i>			

<input type="checkbox"/> Trial			
<input type="checkbox"/> Civil - Jury Selection <i>(Additional description, if necessary)</i>			
<input type="checkbox"/> Other <i>(Specify):</i> _____ <i>(Additional description, if necessary. Be as specific as possible, for example: entry number(s), file date(s), title(s) of motion(s).)</i>			

3. I certify that in addition to this limited appearance, the party/parties I am representing (*Select one*):

- already has a self-represented appearance on file.
- Is filing a self-represented appearance at the same time as the filing of this limited appearance.

4. The Attorney named below is "Attorney of Record" and is available for service of documents ONLY for those court events described above. All pleadings, motions or other documents served on the limited appearance attorney shall also be served in the same manner on the party/parties for whom the limited appearance was filed. For all other matters, the party/parties must be served directly, unless otherwise ordered by the Court. Service of process on this attorney for any issue not named above shall not be deemed service on the party/parties. The name and address of the party/parties where service will be accepted and phone number are provided in section one of this form for that purpose.

5. I agree to accept papers (service) electronically in this case.

Any attorney who is not exempt from e-filing is required to accept electronic delivery. (Practice Book Section 10-13)

- Yes No

6. Other parties and their attorneys may directly communicate with the party/parties represented by the undersigned attorney regarding matters outside the scope of this limited representation without first consulting the undersigned attorney.

7. Upon completion of the representation as defined in this Limited Appearance, the attorney will file a Certificate of Completion of Limited Appearance form, JD-CL-122. Copies of the Certificate must be served in accordance with Sections 10-12 through 10-17 on the party/parties, and all attorneys and self-represented parties of record.

Signed <i>(Individual attorney)</i>	Name of person signing at left <i>(Print or type)</i>	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*

*If necessary, attach additional sheet or sheets with name and address which the 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