

**ELECTRONIC SERVICE NOTICE**

JD-ES-286 Rev. 10-19

STATE OF CONNECTICUT  
**SUPERIOR COURT**  
www.jud.ct.gov**Instructions***Use this form to tell counsel of record and self-represented parties that:*

1. You agree to accept service of documents electronically under sections 10-12 and 10-13 of the Connecticut Practice Book and provide the e-mail address for electronic service; OR
2. You agreed to accept service electronically under section 10-13 of the Connecticut Practice Book, but you do not want to accept electronic service now; OR
3. You want to change the e-mail address for electronic service to a different e-mail address and provide the new e-mail address.

COURT USE ONLY  
ELECSERName of case (*First-named plaintiff v. First-named defendant*)

Docket number

Judicial District

Court location (*Number, street, town and zip code*)
 I agree to accept service of documents electronically under sections 10-12 and 10-13 of the Connecticut Practice Book at the following e-mail address:

\_\_\_\_\_

 I no longer agree to accept service electronically. Service must be made by non-electronic delivery or mail to the U.S. postal address on file with the court.

 I have agreed to accept service electronically under section 10-13 of the Connecticut Practice Book, and I am changing the e-mail address for service to the following address:

\_\_\_\_\_

The person submitting this form is the:

 Plaintiff  Defendant  Attorney for plaintiff  Attorney for defendant  Other (*specify*):
Name of law firm, attorney or self-represented party (*Print or type*)Juris number (*if applicable*)

Address

Telephone number (*with area code*)**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/Connecticut Attorney*)

Print or type name of person signing

Date signed

Mailing address (*Number, street, town, state and zip code*)

Telephone number

**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](http://www.jud.ct.gov/ADA).