

**REQUEST FOR ADJUDICATION
COMPLEX LITIGATION DOCKET (CLD)**

JD-CL-77 Rev. 8-24

For information on ADA accommodations, contact the Centralized ADA Office at 860-706-5310 or go to: www.jud.ct.gov/ADA/

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



Instructions

1. Use this form only for matters assigned to the complex litigation docket.
2. File a separate form for each motion or objection to be decided.
3. Select "Request for Adjudication Complex Litigation (JD-CL-77)" in e-filing.

Unless there is a need for immediate action by the court, this form should not be filed until **after**: (1) the Practice Book deadline for filing a response to the motion/objection has passed, (2) a response to the motion/objection has been filed, (3) all parties indicate they will not file a response, or (4) all parties indicate they cannot agree on a date for the response to be filed.

COURT USE ONLY

RADJCLD

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|--|--------------|----------------------------------|
| Judicial district | Name of case | Docket number |
| Title of motion or objection to be decided | | Date of motion or objection |
| Name of the party filing this request | | Motion or objection entry number |

1. May the motion or objection be granted or sustained by agreement? **Yes** **No**

2. Has the motion, objection, and reply been filed? **Yes** **No**

If yes, provide the date(s) of the response(s): _____
and entry number(s): _____

If no, indicate the agreed upon date, if any, when the response will be filed: _____

OR if there is no agreed upon date, describe the disagreement:

3. Is oral argument requested? **Yes** **No**

4. Is testimony required?..... **Yes** **No**

If yes, how much time will be needed: _____

5. Does the matter need immediate action? **Yes** **No**

If yes, explain why it is necessary:

6. Are there any other motions or pleadings directly related to the Court's consideration of the motion or objection? **Yes** **No**

If yes, give the title, date, and entry number of the motion(s) or pleading(s):

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.

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| Signed (Signature of filer) | Print or type name of person signing | Date signed |
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