SHORT CALENDAR LIST
CLAIM/RECLAIM

JD-CL-6 Rev. 6-12
Pr. Bk. Secs. 11-13, 11-16, 11-18, 17-31, 25A-13

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

Instructions

Do not file with original motion. Use only for reclaiming motions or for motions that must be claimed by rule (Connecticut Practice Book section 17-31).

Return date

Docket number

Name of case *(Full name of Plaintiff v. Full name of Defendant)*

☐ Judicial District ☐ Housing Session ☐ Geographical Area Number _____

Address of Court *(Number, street, town and zip code)*

The: ☐ Plaintiff ☐ Defendant ☐ Support Enforcement Officer
☐ Other *(Specify)* _____

is claiming or reclaiming the following motion(s) for the **SHORT CALENDAR LIST:**

Date of Motion	Number of Motion *(If known)*	Title of Motion

Certification

I certify that a copy of this document was 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 receiving electronic delivery.

Name and address of each party and attorney that copy was mailed or delivered to*

For Court Use Only

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

*If necessary, attach additional sheet or sheets with name and address which the copy was mailed or delivered to.

☐ Superior Court *(Other than Family Support Magistrate Matters)* ☐ Assigned for Trial ☐ Family Support Magistrate Matters

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