



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

Name of case (<i>First-named plaintiff v. First-named defendant</i>)		Docket number of the case
Judicial District	Court location (<i>Number, street, town and zip code</i>)	

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 (<i>Print or type</i>)	Juris number (<i>if applicable</i>)
Address	Telephone number (<i>with area code</i>)

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*

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

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/