

**STATE OF CONNECTICUT  
SUPERIOR COURT**

**APPLICATION FOR DESIGNATION:**  
 ATTORNEY TRIAL REFEREE  
 FACT FINDER/ ARBITRATOR  
(Check designation(s) applied for above)

Name	Attorney Juris Number
Street Address, City & Zip Code	Area Code & Telephone Number
1. How long have you practiced law in the State of Connecticut?	
2. By whom are you employed?	
3. What is the nature of your practice? <i>(Please indicate your primary area(s) of expertise.)</i> ..... ..... .....	
4. Describe your civil litigation experience. <i>(Please include the number of cases you have tried to completion, i.e., verdict or judgment entered, and the number in which you have commenced trial, i.e., jury seated or first witness sworn).</i> ..... ..... .....	
5. In which judicial district would you like to serve?	

Please return this form to:

Ms. Nancy McGann  
Court Operations Division  
225 Spring Street, 2<sup>nd</sup> Floor  
Wethersfield, CT 06109

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date of Application*

Administrative Judges Approval (Signature):   
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