

**REQUEST FOR ARGUMENT  
NON-ARGUABLE CIVIL SHORT  
CALENDAR MATTER**

JD-CV-128 Rev. 4-13  
P.B. §11-18(f)

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

REQARG



**Instructions**

1. Use this form to request argument on a non-arguable matter.
2. Use one form for each request.
3. Fill out each section of the form.
4. File the form with the court during the short calendar marking period.  
Marking periods can be found in the calendar notices or standing orders on civil or family calendars at:  
<http://www.jud.ct.gov/external/super/Standorders/>

**Notice**

If the Court grants the request, it will schedule the argument and notify all counsel of record and self-represented parties of the date and time of the hearing. Do not come to court on the original calendar date unless you have been specifically told to do so by the court.

Name of case ( <i>Plaintiff v. Defendant</i> )		Docket Number of the Case
Judicial District of	Calendar Date	Calendar Number and Position Number

I request that the Court permit argument on the following non-arguable motion or objection:

Title of Motion or Objection that you want the court to hear argument on	Entry Number of motion or objection
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List the title and entry number of any motions or objections related to the motion or objection you are requesting argument on

Explain the reason(s) for the request:

I am the:  
 Plaintiff  Defendant  Attorney for Plaintiff  Attorney for Defendant  Other \_\_\_\_\_

Name of law firm, attorney or self-represented party (*Print or type*)

Address	Telephone number ( <i>with area code</i> )
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**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. (*You may use form JD-CV-67.*)

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	

**The area below is for Court use only.**

Schedule the motion or objection for argument  No argument needed. Motion or objection will be considered on the papers.

Signed ( <i>Judge</i> )	Date
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**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/)