

FORECLOSURE MEDIATION - MOTION FOR PERMISSION TO REQUEST MEDIATION LATER THAN 15 DAYS AFTER RETURN DATE OR TO CHANGE MEDIATION PERIOD

JD-CV-96 Rev. 2-24
C.G.S. § 49-31k-n

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



Instructions to person filing this form

1. Fill out Section I or II of this form and file it with the Court. A Foreclosure Mediation Certificate (form JD-CV-108) must be filed if Section I is completed. Do NOT attach any documents that include any personal identifying information, such as loan numbers, bank account numbers, etc.
2. An Appearance (form JD-CL-12) must be filed with this form if an appearance has not already been filed with the court.

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

Name of case (Plaintiff v. Defendant)	Docket number
Judicial district	Return date

I. Motion for Permission to file a Foreclosure Mediation Certificate later than 15 days after the return date:

I request permission to file the *Foreclosure Mediation Certificate* (form JD-CV-108) for the following reason:

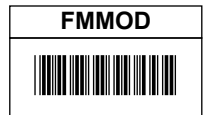


OR

II. Motion for Modification of Mediation Period:

I request that the mediation period be modified, as follows:

Extend the mediation period to _____ for the following reason:
(Date)



OR

Shorten the mediation period to _____ for the following reason:
(Date)



Signature of person submitting motion	Print name of person signing	Date signed
Address (Number, street, town, state, zip code)	E-mail address	Telephone number

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.

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