

**REQUEST FOR ADJUDICATION OF DISCOVERY OR DEPOSITION DISPUTE UNDER STATEWIDE STANDING ORDER**

JD-CV-119 Rev. 10-23

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

STATE OF CONNECTICUT  
JUDICIAL BRANCH  
**SUPERIOR COURT**  
[www.jud.ct.gov](http://www.jud.ct.gov)



**Instructions**

- 1. Complete this form and file it with the clerk's office in the judicial district where the case is assigned.
- 2. Use this form for discovery disputes that occur six months prior to trial. Select "Request for Adjudication of Discovery/Deposition Dispute" when e-filing the form.

For Court Use Only
<b>REQFADD</b>

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

**Section 1 - Discovery Dispute**

Specify motion number(s) or objection number(s) and titles to be decided and any related motion number(s) or related objection number(s) and titles:

Request conference:  Yes  No

**Section 2 - Deposition Dispute**

Specify motion number(s) or objection number(s) and titles to be decided and any related motion number(s) or related objection number(s) and titles:

Request conference:  Yes  No

**Section 3 - Affidavit (Required by Standing Order)**

I certify the motion(s) or objection(s) or both specified above was or were filed within six months of the trial date and that bona fide attempts have been made to resolve these dispute(s) and counsel, or counsel and self-represented parties, or both, have been unable to reach an agreement.

I certify that the statement above is true and accurate to the best of my knowledge and belief.

Subscribed and sworn to before me on:	Date	Signed (Affiant)	Signed (Notary, Comm. of Superior Court, Assistant Clerk)
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**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
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