

APPLICATION FOR REFERRAL OF CASE TO THE INDIVIDUAL CALENDARING PROGRAM

JD-CV-132 Rev. 1-24

COURT USE ONLY
INDICAL


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



Instructions

1. Counsel and self-represented parties who want to have a case referred to the individual calendaring program (IndiCal) must supply all of the information requested below. (Not supplying complete and accurate information may disqualify a case.)
2. Information that does not fit on this form should be attached on a separate sheet and numbered to correspond to the questions on the form.
3. Self-represented parties and attorneys exempted from e-filing must file the form with the clerk in the judicial district where the case is pending. Attorneys not exempted from e-filing must e-file this form and select "IndiCal Program Referral Application" when naming the form in e-filing.

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

Name and address of applicant		Juris number (if applicant has one)	Telephone number
1. Case name (First-named plaintiff v. First-named defendant)		2. Docket number	
3. Judicial District where case is pending	4. Case type	5. Return date of original complaint	

6. List all plaintiffs and their counsel:

Plaintiff's name	Counsel's name and address	Counsel's phone number

7. List all defendants and their counsel:

Defendant's name	Counsel's name and address	Counsel's phone number

8. Do self-represented parties or opposing counsel agree to the referral? Yes No Don't know

9. Status of Litigation

Yes No

a. pleadings closed.....

b. discovery completed

c. trial date assigned.....

if so, when _____ **Estimated length of trial** _____
(Date)

d. trial list claim filed **Jury** **Court** **None**

10. Briefly describe the nature of the case:

11. Reasons why this case should be referred to the IndiCal Program

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