

NOTICE OF COERCED DEBT REVIEW

JD-CV-179 New 1-25
P.B. §§ 6-5, 24-30; P.A. 24-77 § 3

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



Instructions

- 1. Type or print legibly
- 2. File 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 (<i>Plaintiff v. Defendant</i>)	Docket number
Address of court (<i>Number, street, town and zip code</i>)	Date
Name and address of attorney, law firm, or plaintiff if self-represented (<i>Number, street, town, and zip code</i>)	Juris number (<i>if attorney or law firm</i>)

I. Notice of Coerced Debt Review Commencement

The Plaintiff Defendant in the above-entitled action gives notice that this case concerns a debt identified by the debtor as coerced. Number 24-77 of the 2024 Public Acts requires claimant to conduct a review to determine whether the debt is coerced, and notice be filed with the court of such a review.



Debtor notified claimant on (*date*) _____, and claimant commenced review on (*date*) _____.

If debtor has not notified claimant or claimant has not commenced a review, explain why:

II. Notice of Coerced Debt Review Determination

The plaintiff in the above-entitled action gives notice that this case concerns a debt identified by the debtor as coerced. Number 24-77 of the 2024 Public Acts requires claimant to conduct a review to determine whether the debt is coerced, and notice be filed with the court of such a review.



Claimant commenced review on (*date*) _____, and claimant completed review on (*date*) _____. Based on the completed review, the debt was found to be: coerced not coerced

Signed (<i>Individual Attorney or self-represented party</i>)	Print or type name of person signing	Date signed
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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 (<i>Signature of filer</i>)	Print or type name of person signing	Date signed
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