

**APPLICATION FOR REFERRAL OF CASE TO THE COMPLEX LITIGATION DOCKET (CLD)**

JD-CV-39 Rev. 1-24  
C.G.S. §§ 51-347b, 52-259; P.B. § 23-15

COURT USE ONLY
CLDAPP


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



**Instructions**

1. Counsel and self-represented parties seeking to have a case referred to the Complex Litigation Docket (CLD) must supply all of the information requested below. (Failure to supply complete and accurate information may disqualify a case.)
2. **This application must be accompanied by the appropriate fee** (see General Statutes § 52-259).
3. Information that does not fit on this form should be attached on a separate sheet and numbered to correspond to the requests for information on the form.
4. Attorneys not excluded from e-filing must e-file this form and select "Complex Litigation Application" when naming the form in e-filing. Attorneys excluded from e-filing and self-represented parties must file the original with the appropriate fee with the Clerk in the judicial district in which the case is pending.

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/)

**Note:** Any objection to the transfer of this case to the CLD must be filed within 15 calendar days after the filing of this application. Attorneys not excluded from e-filing must select "Objection to Transfer to Complex Litigation" when naming the objection in e-filing. Attorneys excluded from e-filing and self-represented parties must file the objection with the Clerk in the judicial district in which the case is pending and must title it "Objection to Transfer to the Complex Litigation Docket."

**I make this application for referral to the Complex Litigation Docket (CLD).**

Name and address of counsel or self-represented party	Juris number	Telephone number
1. Name of case ( <i>Plaintiff v. Defendant</i> )	2. Docket number	
3. Judicial District in which case is pending	4. Return date of original complaint	

**5. List all plaintiffs and their counsel:**

Name of Plaintiff	Name and address of Counsel	Telephone number

**6. List all defendants and their counsel:**

Name of Defendant	Name and address of Counsel	Telephone number

**7. Does opposing counsel oppose:**

**Yes**                      **No**

- a. referral of the case to the CLD? .....
- b. transfer of the case to the CLD location requested on this application?....

**8. Briefly describe the nature of the case:** (Example: products liability, anti-trust, stockholders' action, UCC)

**9. List any cases with which this case is consolidated:** (Note: In order to apply for referral to the CLD in unconsolidated but related cases, a separate application with fee is required for each case.)

Name of case ( <i>Plaintiff v. Defendant</i> )	Docket number	Judicial District

**10. Status of the litigation:**

**Yes      No**

- a. Are the pleadings closed? .....
- b. Is discovery completed? .....
- c. Is the file sealed (partial/entire)? .....
- d. Has the case been scheduled for trial? .....
- If "Yes," when *(date)* \_\_\_\_\_
- e. Has a pretrial been held? .....
- f. Has a trial management conference been held? .....

**Yes      No      Not yet determined**

- g. Has the case been claimed for jury trial? .....
- h. Has the case been claimed for bench trial? .....
- i. Has class action status for the case been sought? ...

**11. Has a request or application to refer this case to the CLD previously been denied?**  Yes  No

**12. What is the estimated length of trial (in days)?** \_\_\_\_\_

**13. Why should this case be referred to the CLD ?**

**14. Which CLD location is requested? (Enter order of preference:1, 2 or 3.)**

\_\_\_\_ Hartford      \_\_\_\_ Stamford      \_\_\_\_ Waterbury

**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
-----------------------------------------	--------------------------------------	-------------