

**CERTIFICATE OF
CLOSED PLEADINGS**

JD-CV-11 Rev. 7-2000
P.B. Secs. 14-4, 14-8, 14-9

**STATE OF CONNECTICUT
SUPERIOR COURT**

www.jud.state.ct.us

NAME OF CASE	DOCKET NO.
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<input type="checkbox"/> Judicial District <input type="checkbox"/> Housing Session <input type="checkbox"/> G.A. No. _____	ADDRESS OF COURT (No., street, town and zip code)
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CERTIFICATION

I hereby certify that the pleadings have been closed in the above-entitled case on the issue or issues as to all parties, and I acknowledge that my failure to certify accurately will subject me to sanctions.

NAME AND ADDRESS OF PERSON MAKING CERTIFICATION

SIGNATURE X	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Atty for Pltf. <input type="checkbox"/> Atty for Def.
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The pleadings being closed, the case will proceed as indicated below: ("X" applicable box(es)) <input type="checkbox"/> JURY (Claim for Jury Trial (Form JD-CL-53) and the appropriate statutory fee must be filed.) <input type="checkbox"/> HEARING IN DAMAGES TO THE COURT <input type="checkbox"/> HEARING IN DAMAGES TO THE JURY (Claim for Jury Trial (Form JD-CL-53) and the appropriate statutory fee must be filed.) <input type="checkbox"/> ADMINISTRATIVE APPEALS: ("X" applicable box) <input type="checkbox"/> RECORD <input type="checkbox"/> NON-RECORD <input type="checkbox"/> ALL OTHER NON-JURY MATTERS (Court Trials)	COURT USE ONLY JY _____ HD _____ JY _____ AA _____ CT _____
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A. Complete this section if case is privileged

1. GROUND OF PRIVILEGE UNDER PR. BK. SEC. 14-9: ("X" applicable box(es))

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| <input type="checkbox"/> hearing under the fair employment practices act or the labor relations act;
<input type="checkbox"/> an action brought by or on behalf of the state, other than actions upon probate bonds;
<input type="checkbox"/> appeal from the employment security board of review;
<input type="checkbox"/> appeal from probate or from the doings of commissioners appointed by courts of probate;
<input type="checkbox"/> action brought by receiver of insolvent corporation by order of court;
<input type="checkbox"/> action by or against any person sixty-five years of age or older or who reaches such age during the pendency of the action;
<input type="checkbox"/> appeal from findings, orders or other actions of the public utilities control authority;
<input type="checkbox"/> equitable action tried to the court wherein the essential claim asserted is for a permanent injunction and any claim for damages or other relief, legal or equitable, is merely in lieu of, or supplemental to, the claim for injunction; | <input type="checkbox"/> habeas corpus proceeding;
<input type="checkbox"/> motion to dissolve temporary injunction;
<input type="checkbox"/> motion for temporary injunction;
<input type="checkbox"/> writ of ne exeat, prohibition of receiver;
<input type="checkbox"/> application for appointment of receiver;
<input type="checkbox"/> disclosure by garnishee;
<input type="checkbox"/> action by or against executor, administrator, or trustee in bankruptcy or insolvency;
<input type="checkbox"/> hearing to the court in damages on default or case where there is an issue as to damages after the court has granted a summary judgment on the issue of liability;
<input type="checkbox"/> case remanded by the
<input type="checkbox"/> Supreme Court <input type="checkbox"/> Appellate Court
for a new trial or case in which a verdict has been set aside, a new trial granted or a mistrial declared. |
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2. IF PRIVILEGE IS OTHER THAN THOSE SPECIFIED IN PR. BK. SEC. 14-9, STATE GROUND OF CLAIM AND AUTHORITY:

B. Relief Requested - Amount, legal interest or property in demand, exclusive of interest and costs is:

("X" applicable box(es))

- \$15,000 or more
 less than \$15,000
 claiming other relief in addition to or in lieu of money damages

I hereby certify that a copy of the above was mailed/delivered to all counsel and pro se parties of record on:

DATE COPY(IES) MAILED OR DELIVERED

SIGNED (Attorney or pro se party) X	ADDRESS (No., street, town, and zip code)	TELEPHONE NO.
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NAME OF EACH PARTY SERVED AND ADDRESS AT WHICH SERVICE WAS MADE*

* If necessary, attach additional sheet with name of each party served and the address at which service was made.