

**ATTORNEY/FIRM REQUEST FOR EXCLUSION
FROM ELECTRONIC FILING OF REQUEST
FOR EXEMPTION FROM DOCKET MANAGEMENT
PROGRAM DISMISSAL**

JD-CL-87 Rev. 12-06

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

INSTRUCTIONS

1. Type or print clearly.
2. File this form with the Court Operations Unit no later than January 12, 2007.
3. Keep a copy of this form for your records.

TO: Court Operations Unit, 225 Spring St., Wethersfield, CT 06109

Tel. 866 765-4452

FROM (Name of attorney/law firm requesting exclusion)	JURIS NO.
ADDRESS OF ATTORNEY/LAW FIRM	TELEPHONE (with area code)

REASON FOR REQUEST FOR EXCLUSION

I hereby request that I/the law firm named above be excluded from the requirement of electronically filing through E-Services the Request for Exemption from Docket Management Program (DMP) Dismissal for the following reason(s):

SIGNED (Attorney making request) X	NAME OF ATTORNEY SIGNING AT LEFT	DATE
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CERTIFICATION

I hereby certify that a copy hereof was mailed/delivered to all counsel and pro se parties of record on:		DATE
SIGNED (Attorney making request)	TELEPHONE NO. (with area code)	
NAME OF EACH PARTY SERVED*	ADDRESS AT WHICH SERVICE WAS MADE	

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

FOR COURT OPERATIONS USE ONLY - DO NOT WRITE BELOW THIS LINE

<p>The request has been considered and is hereby:</p> <p><input type="checkbox"/> GRANTED - You may file a request for exemption from the Docket Management Program in hard-copy form. Attach a copy of this form to each Request for Exemption from the Docket Management Program.</p> <p><input type="checkbox"/> DENIED - You must file a request for exemption from the Docket Management Program electronically through E-Services.</p>	<p>FILE DATE</p>
SIGNED (Judge/Caseflow Management Specialist)	DATE SIGNED