

**SMALL CLAIMS - MOTION TO  
TRANSFER TO THE REGULAR DOCKET**

JD-CV-158 Rev. 2-24  
P.B. 24-21

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



**Instructions**

1. Attach counterclaim or Affidavit in Support of Small Claims - Motion to Transfer to the Regular Docket (form JD-CV-170), pursuant to Section 24-21 of the Connecticut Practice Book.
2. Submit to the court along with all statutory fees.

**Note:** If this motion is granted, appearances of self-represented parties representing themselves individually and appearances of attorneys will be automatically entered in the case when it is transferred to the Superior Court. Appearances by self-represented parties for any entity besides themselves that were recognized in the small claims case will not be recognized in the Superior Court case and will be entered for notice purposes only.

Name of case ( <i>Plaintiff v. Defendant</i> )		Docket number	
<input type="checkbox"/> Judicial District	<input type="checkbox"/> Housing Session	Address of court ( <i>Number, street, town and zip code</i> )	
Your name	Your address ( <i>Number, street, town, state and zip</i> )		Date

The  Plaintiff  Defendant in the above named case moves to transfer this case to the regular docket for the Superior Court. Pursuant to Section 24-21 of the Connecticut Practice Book, this motion is accompanied by all statutory fees and (Select all that apply):

- A counterclaim in an amount greater than the jurisdiction of the small claims court
- An affidavit stating that a good defense exists to the claim and setting forth with specificity the nature of the defense
- An affidavit stating that the case has been properly claimed for trial by jury

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>Individual Attorney or self-represented party</i> )	Print or type name of person signing	Date signed
Mailing address ( <i>Number, street, town, state and zip code</i> )		Telephone number

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/)