

**REQUEST AND STIPULATION FOR REFERRAL TO A PRIVATE ALTERNATIVE DISPUTE RESOLUTION (ADR) PROVIDER**

**STATE OF CONNECTICUT SUPERIOR COURT**

www.jud.ct.gov

JD-CL-54 Rev. 3-15  
P.B. § 23-67 C.G.S. § 52-235C

Court Use Only
<b>ADRPREF</b>


**Instructions for Applicants**

1. All counsel or self-represented parties must sign fully completed form.
2. All parties should make and keep a copy for their records.
3. File both parts of this form in the Superior Court Clerk's Office in which your case is pending.

**Instructions for Clerk**

1. Bring this completed form and the file to the civil/family presiding judge.
2. Notify counsel and self-represented parties of record of the court's decision.

**ADA NOTICE**

The Judicial Branch of the State of Connecticut complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation in accordance with the ADA, contact a court clerk or an ADA contact person listed at [www.jud.ct.gov/ADA](http://www.jud.ct.gov/ADA).

Name of case		Docket number	
<input type="checkbox"/> Judicial District <input type="checkbox"/> Housing Session	Address of court (Number, street, town, state and zip code)		
Type of case (Check one) <input type="checkbox"/> Civil <input type="checkbox"/> Family <input type="checkbox"/> Housing	Trial list claim filed <input type="checkbox"/> No <input type="checkbox"/> Yes	Claim date: _____	Trial date: _____
		If yes: _____	Return date

**Request And Stipulation**

All parties request and stipulate that this case shall be submitted to a private Alternative Dispute Resolution provider as follows:

1. **Type Of ADR:**  Non-Binding Mediation  Binding Arbitration  
 Other \_\_\_\_\_
2. **ADR Provider:** \_\_\_\_\_  
*(Specify Name of ADR Provider Selected By Parties)* *Provider Number (See Clerk for List)*
3. **Scope Of ADR:**  All issues  Liability only  Damages only  Discovery disputes
4. **Requested Referral Period:** \_\_\_\_\_  
*(Not to Exceed Ninety Days)*
5. **Special Conditions If Any:** \_\_\_\_\_

Plaintiff Counsel/Self-represented party		Defendant Counsel/Self-represented party	
_____ <i>(Signature)</i>	_____ <i>(Date)</i>	_____ <i>(Signature)</i>	_____ <i>(Date)</i>
_____ <i>(Signature)</i>	_____ <i>(Date)</i>	_____ <i>(Signature)</i>	_____ <i>(Date)</i>
_____ <i>(Signature)</i>	_____ <i>(Date)</i>	_____ <i>(Signature)</i>	_____ <i>(Date)</i>

**Order**

The request and stipulation has been reviewed by this court and it is ORDERED that:

- the above-entitled case is referred to Alternative Dispute Resolution, and all court proceedings are stayed through \_\_\_\_\_ or until the ADR process is completed, whichever occurs first.  
*(Specify date - Not to exceed ninety days)*
- the above-entitled case is not referred to Alternative Dispute Resolution.

The parties are ordered to file an ADR Result Report with the clerk's office no later than five days after the expiration of the above stay.

Special Conditions of Order: \_\_\_\_\_

By the court: \_\_\_\_\_  
*(Judge/Clerk)* \_\_\_\_\_ *(Date)*

Distribution: White - Clerk's Office Yellow - Caseflow