FORECLOSURE MEDIATION — MOTION FOR PERMISSION TO REQUEST MEDIATION LATER THAN 15 DAYS AFTER RETURN DATE OR TO CHANGE MEDIATION PERIOD

JD-CV-96 Rev. 5-18
C.G.S. § 49-31k-n

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

Instructions to person filing this form

1. *Type or print legibly.*
2. *Fill out section I or II of this form and file it with the court.*
3. *An Appearance form (JD-CL-12) must be filed with this form if an appearance has not already been filed with the court.*

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*.

Name of case *(Plaintiff v. Defendant)*	Docket number
Judicial district	Return date

I. Motion for Permission to file a Foreclosure Mediation Certificate or Request later than 15 days after the return date:

PPMP

I request permission to file the Foreclosure Mediation Certificate (JD-CV-108) or Foreclosure Mediation Request (JD-CV-93) accompanying this motion for the following reason:

_____

_____

OR

II. Motion for Modification of Mediation Period:

FMMOD

I request that the mediation period be modified, as follows:

☐ Extend the mediation period to _____ for the following reason:
(Date)

_____

_____

OR

☐ Shorten the mediation period to _____ for the following reason:
(Date)

FMSHORT

_____

_____

Signature of person submitting motion	Print name of person signing	Date signed
Address *(Number, street, town, state, zip code)*		Telephone number

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.

Signature of person submitting motion ▶	Print name of person signing	Date signed
Mailing address *(Number, street, town, state and zip code)*		Telephone number

Order ***(For Court Use Only)*** ☐ Granted until: _____ ☐ Denied

By the Court (Judge/Clerk)	Date

Print Form Reset Form