

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.

Instructions**Attorneys and Self-Represented Parties**

For trials:

Before the first day of jury selection or before the first day of a court trial, get exhibit stickers from the civil clerk's office.

Fill out this form as follows:

1. Fill in the Type of Proceeding, Name of Case, and Docket Number sections at the top of the form.
2. For each plaintiff's exhibit, fill in a description of the exhibit. Indicate whether the exhibit is Full (the parties agree) or ID (Identification) (the opposing party objects) by checking the appropriate box. Put a Plaintiff's Exhibit sticker on an open area of the exhibit. The sticker must include the docket number of the case and the exhibit number (the number on the form where the exhibit is described).
3. For each defendant's exhibit, fill in a description of the exhibit. Indicate whether the exhibit is Full (the parties agree) or ID (Identification) (the opposing party objects) by checking the appropriate box. Put a Defendant's Exhibit sticker on an open area of the exhibit. The sticker must include the docket number of the case and the exhibit letter (the letter on the form where the exhibit is described).
4. If there are more than 26 plaintiff's exhibits or more than 26 defendant's exhibits, use the *List of Exhibits (continued)*, form JD-CL-28A, continuing with the next number or letter (e.g., AA, BB, CC, etc.). Put the next number or letter in the same column as the description of the exhibit.
5. On or before the first day of evidence, give the form to the courtroom clerk. If you are an attorney, your exhibits must be submitted to the court electronically. Electronic exhibits may only be submitted in PDF format. Therefore, exhibits not in PDF format (e.g., spreadsheets, jpegs, etc.) must either be converted to PDF format, or submitted on paper. If you are representing yourself, you may submit exhibits electronically at your option by enrolling in E-Services and obtaining electronic access to your case.
6. In civil and family cases, you must give a copy of all exhibits to the opposing counsel or opposing self-represented party. Before submitting exhibits to the court, you should redact (take out) any personal identifying information (see Section 4-7 of the Connecticut Practice Book for a description of personal identifying information), unless the information is required to establish a fact at issue in your case.

Clerks

1. At the commencement of the trial obtain the List of Exhibits from the attorneys or self-represented party.
2. Complete the information at the top of the form.
3. As each exhibit is introduced, indicate on the exhibit list, under the appropriate column (Plaintiff, Defendant, State, Court) whether the exhibit is Full or ID by placing an "F" or "ID" in the column next to the description of the exhibit, and indicate whether the exhibit is an electronic or physical exhibit. If it is a physical exhibit, write the docket number, date, and your initials, and whether the exhibit is Full or ID on the exhibit sticker. All exhibits so marked must be retained by the clerk. If it is an electronic exhibit, mark the exhibit as Full or ID in E-filing. If an exhibit is not admitted during the trial, the column should be marked "N/A" indicating that the exhibit was not admitted into evidence. At the end of the trial be sure each exhibit has one of these markings.
4. Be sure all physical Full or ID exhibits have been given to the clerk for keeping until after judgment is entered and the appeal period has expired. Store in appropriate location as instructed by the Chief Clerk. Make appropriate entries in the Edison Exhibit Log.

LIST OF EXHIBITS

JD-CL-28 Rev. 2-21

STATE OF CONNECTICUT
SUPERIOR COURT

LISTEXH



Type of Proceeding: _____ Date(s) of Proceeding: _____

All Exhibits are electronic Exhibits are both electronic and physical All Exhibits are physical

Court	<input type="checkbox"/> Geographic Area number _____	<input type="checkbox"/> Judicial District of: _____	<input type="checkbox"/> Housing Session	At (Town) _____
Name of Case _____				Name(s) of Clerk(s) _____
Name of Judge _____		Name(s) of Court Reporter(s) _____		Docket Number _____

Plaintiff's Exhibits			Entered as Full or ID	Defendant's Exhibits			Entered as Full or ID
<input type="checkbox"/> ID <input type="checkbox"/> Full	1.		<input type="checkbox"/> Electronic <input type="checkbox"/> Physical	<input type="checkbox"/> ID <input type="checkbox"/> Full	A.		<input type="checkbox"/> Electronic <input type="checkbox"/> Physical
<input type="checkbox"/> ID <input type="checkbox"/> Full	2.		<input type="checkbox"/> Electronic <input type="checkbox"/> Physical	<input type="checkbox"/> ID <input type="checkbox"/> Full	B.		<input type="checkbox"/> Electronic <input type="checkbox"/> Physical
<input type="checkbox"/> ID <input type="checkbox"/> Full	3.		<input type="checkbox"/> Electronic <input type="checkbox"/> Physical	<input type="checkbox"/> ID <input type="checkbox"/> Full	C.		<input type="checkbox"/> Electronic <input type="checkbox"/> Physical
<input type="checkbox"/> ID <input type="checkbox"/> Full	4.		<input type="checkbox"/> Electronic <input type="checkbox"/> Physical	<input type="checkbox"/> ID <input type="checkbox"/> Full	D.		<input type="checkbox"/> Electronic <input type="checkbox"/> Physical
<input type="checkbox"/> ID <input type="checkbox"/> Full	5.		<input type="checkbox"/> Electronic <input type="checkbox"/> Physical	<input type="checkbox"/> ID <input type="checkbox"/> Full	E.		<input type="checkbox"/> Electronic <input type="checkbox"/> Physical
<input type="checkbox"/> ID <input type="checkbox"/> Full	6.		<input type="checkbox"/> Electronic <input type="checkbox"/> Physical	<input type="checkbox"/> ID <input type="checkbox"/> Full	F.		<input type="checkbox"/> Electronic <input type="checkbox"/> Physical
<input type="checkbox"/> ID <input type="checkbox"/> Full	7.		<input type="checkbox"/> Electronic <input type="checkbox"/> Physical	<input type="checkbox"/> ID <input type="checkbox"/> Full	G.		<input type="checkbox"/> Electronic <input type="checkbox"/> Physical
<input type="checkbox"/> ID <input type="checkbox"/> Full	8.		<input type="checkbox"/> Electronic <input type="checkbox"/> Physical	<input type="checkbox"/> ID <input type="checkbox"/> Full	H.		<input type="checkbox"/> Electronic <input type="checkbox"/> Physical
<input type="checkbox"/> ID <input type="checkbox"/> Full	9.		<input type="checkbox"/> Electronic <input type="checkbox"/> Physical	<input type="checkbox"/> ID <input type="checkbox"/> Full	I.		<input type="checkbox"/> Electronic <input type="checkbox"/> Physical
<input type="checkbox"/> ID <input type="checkbox"/> Full	10.		<input type="checkbox"/> Electronic <input type="checkbox"/> Physical	<input type="checkbox"/> ID <input type="checkbox"/> Full	J.		<input type="checkbox"/> Electronic <input type="checkbox"/> Physical
<input type="checkbox"/> ID <input type="checkbox"/> Full	11.		<input type="checkbox"/> Electronic <input type="checkbox"/> Physical	<input type="checkbox"/> ID <input type="checkbox"/> Full	K.		<input type="checkbox"/> Electronic <input type="checkbox"/> Physical
<input type="checkbox"/> ID <input type="checkbox"/> Full	12.		<input type="checkbox"/> Electronic <input type="checkbox"/> Physical	<input type="checkbox"/> ID <input type="checkbox"/> Full	L.		<input type="checkbox"/> Electronic <input type="checkbox"/> Physical
<input type="checkbox"/> ID <input type="checkbox"/> Full	13.		<input type="checkbox"/> Electronic <input type="checkbox"/> Physical	<input type="checkbox"/> ID <input type="checkbox"/> Full	M.		<input type="checkbox"/> Electronic <input type="checkbox"/> Physical
<input type="checkbox"/> ID <input type="checkbox"/> Full	14.		<input type="checkbox"/> Electronic <input type="checkbox"/> Physical	<input type="checkbox"/> ID <input type="checkbox"/> Full	N.		<input type="checkbox"/> Electronic <input type="checkbox"/> Physical
<input type="checkbox"/> ID <input type="checkbox"/> Full	15.		<input type="checkbox"/> Electronic <input type="checkbox"/> Physical	<input type="checkbox"/> ID <input type="checkbox"/> Full	O.		<input type="checkbox"/> Electronic <input type="checkbox"/> Physical
<input type="checkbox"/> ID <input type="checkbox"/> Full	16.		<input type="checkbox"/> Electronic <input type="checkbox"/> Physical	<input type="checkbox"/> ID <input type="checkbox"/> Full	P.		<input type="checkbox"/> Electronic <input type="checkbox"/> Physical
<input type="checkbox"/> ID <input type="checkbox"/> Full	17.		<input type="checkbox"/> Electronic <input type="checkbox"/> Physical	<input type="checkbox"/> ID <input type="checkbox"/> Full	Q.		<input type="checkbox"/> Electronic <input type="checkbox"/> Physical
<input type="checkbox"/> ID <input type="checkbox"/> Full	18.		<input type="checkbox"/> Electronic <input type="checkbox"/> Physical	<input type="checkbox"/> ID <input type="checkbox"/> Full	R.		<input type="checkbox"/> Electronic <input type="checkbox"/> Physical
<input type="checkbox"/> ID <input type="checkbox"/> Full	19.		<input type="checkbox"/> Electronic <input type="checkbox"/> Physical	<input type="checkbox"/> ID <input type="checkbox"/> Full	S.		<input type="checkbox"/> Electronic <input type="checkbox"/> Physical
<input type="checkbox"/> ID <input type="checkbox"/> Full	20.		<input type="checkbox"/> Electronic <input type="checkbox"/> Physical	<input type="checkbox"/> ID <input type="checkbox"/> Full	T.		<input type="checkbox"/> Electronic <input type="checkbox"/> Physical
<input type="checkbox"/> ID <input type="checkbox"/> Full	21.		<input type="checkbox"/> Electronic <input type="checkbox"/> Physical	<input type="checkbox"/> ID <input type="checkbox"/> Full	U.		<input type="checkbox"/> Electronic <input type="checkbox"/> Physical
<input type="checkbox"/> ID <input type="checkbox"/> Full	22.		<input type="checkbox"/> Electronic <input type="checkbox"/> Physical	<input type="checkbox"/> ID <input type="checkbox"/> Full	V.		<input type="checkbox"/> Electronic <input type="checkbox"/> Physical
<input type="checkbox"/> ID <input type="checkbox"/> Full	23.		<input type="checkbox"/> Electronic <input type="checkbox"/> Physical	<input type="checkbox"/> ID <input type="checkbox"/> Full	W.		<input type="checkbox"/> Electronic <input type="checkbox"/> Physical
<input type="checkbox"/> ID <input type="checkbox"/> Full	24.		<input type="checkbox"/> Electronic <input type="checkbox"/> Physical	<input type="checkbox"/> ID <input type="checkbox"/> Full	X.		<input type="checkbox"/> Electronic <input type="checkbox"/> Physical
<input type="checkbox"/> ID <input type="checkbox"/> Full	25.		<input type="checkbox"/> Electronic <input type="checkbox"/> Physical	<input type="checkbox"/> ID <input type="checkbox"/> Full	Y.		<input type="checkbox"/> Electronic <input type="checkbox"/> Physical
<input type="checkbox"/> ID <input type="checkbox"/> Full	26.		<input type="checkbox"/> Electronic <input type="checkbox"/> Physical	<input type="checkbox"/> ID <input type="checkbox"/> Full	Z.		<input type="checkbox"/> Electronic <input type="checkbox"/> Physical

Plaintiff's physical exhibits returned to _____	Date _____	Defendant's physical exhibits returned to _____	Date _____
Receipt acknowledged (Attorney for Plaintiff) _____	Date _____	Receipt acknowledged (Attorney for Defendant) _____	Date _____

State's Exhibits			Entered as Full or ID	Court's Exhibits			Entered as Full or ID
<input type="checkbox"/> ID <input type="checkbox"/> Full	1.		<input type="checkbox"/> Electronic <input type="checkbox"/> Physical		<input type="checkbox"/> ID <input type="checkbox"/> Full	A.	<input type="checkbox"/> Electronic <input type="checkbox"/> Physical
<input type="checkbox"/> ID <input type="checkbox"/> Full	2.		<input type="checkbox"/> Electronic <input type="checkbox"/> Physical		<input type="checkbox"/> ID <input type="checkbox"/> Full	B.	<input type="checkbox"/> Electronic <input type="checkbox"/> Physical
<input type="checkbox"/> ID <input type="checkbox"/> Full	3.		<input type="checkbox"/> Electronic <input type="checkbox"/> Physical		<input type="checkbox"/> ID <input type="checkbox"/> Full	C.	<input type="checkbox"/> Electronic <input type="checkbox"/> Physical
<input type="checkbox"/> ID <input type="checkbox"/> Full	4.		<input type="checkbox"/> Electronic <input type="checkbox"/> Physical		<input type="checkbox"/> ID <input type="checkbox"/> Full	D.	<input type="checkbox"/> Electronic <input type="checkbox"/> Physical
<input type="checkbox"/> ID <input type="checkbox"/> Full	5.		<input type="checkbox"/> Electronic <input type="checkbox"/> Physical		<input type="checkbox"/> ID <input type="checkbox"/> Full	E.	<input type="checkbox"/> Electronic <input type="checkbox"/> Physical
<input type="checkbox"/> ID <input type="checkbox"/> Full	6.		<input type="checkbox"/> Electronic <input type="checkbox"/> Physical		<input type="checkbox"/> ID <input type="checkbox"/> Full	F.	<input type="checkbox"/> Electronic <input type="checkbox"/> Physical
<input type="checkbox"/> ID <input type="checkbox"/> Full	7.		<input type="checkbox"/> Electronic <input type="checkbox"/> Physical		<input type="checkbox"/> ID <input type="checkbox"/> Full	G.	<input type="checkbox"/> Electronic <input type="checkbox"/> Physical
<input type="checkbox"/> ID <input type="checkbox"/> Full	8.		<input type="checkbox"/> Electronic <input type="checkbox"/> Physical		<input type="checkbox"/> ID <input type="checkbox"/> Full	H.	<input type="checkbox"/> Electronic <input type="checkbox"/> Physical
<input type="checkbox"/> ID <input type="checkbox"/> Full	9.		<input type="checkbox"/> Electronic <input type="checkbox"/> Physical		<input type="checkbox"/> ID <input type="checkbox"/> Full	I.	<input type="checkbox"/> Electronic <input type="checkbox"/> Physical
<input type="checkbox"/> ID <input type="checkbox"/> Full	10.		<input type="checkbox"/> Electronic <input type="checkbox"/> Physical		<input type="checkbox"/> ID <input type="checkbox"/> Full	J.	<input type="checkbox"/> Electronic <input type="checkbox"/> Physical
<input type="checkbox"/> ID <input type="checkbox"/> Full	11.		<input type="checkbox"/> Electronic <input type="checkbox"/> Physical		<input type="checkbox"/> ID <input type="checkbox"/> Full	K.	<input type="checkbox"/> Electronic <input type="checkbox"/> Physical
<input type="checkbox"/> ID <input type="checkbox"/> Full	12.		<input type="checkbox"/> Electronic <input type="checkbox"/> Physical		<input type="checkbox"/> ID <input type="checkbox"/> Full	L.	<input type="checkbox"/> Electronic <input type="checkbox"/> Physical
<input type="checkbox"/> ID <input type="checkbox"/> Full	13.		<input type="checkbox"/> Electronic <input type="checkbox"/> Physical		<input type="checkbox"/> ID <input type="checkbox"/> Full	M.	<input type="checkbox"/> Electronic <input type="checkbox"/> Physical
<input type="checkbox"/> ID <input type="checkbox"/> Full	14.		<input type="checkbox"/> Electronic <input type="checkbox"/> Physical		<input type="checkbox"/> ID <input type="checkbox"/> Full	N.	<input type="checkbox"/> Electronic <input type="checkbox"/> Physical
<input type="checkbox"/> ID <input type="checkbox"/> Full	15.		<input type="checkbox"/> Electronic <input type="checkbox"/> Physical		<input type="checkbox"/> ID <input type="checkbox"/> Full	O.	<input type="checkbox"/> Electronic <input type="checkbox"/> Physical
<input type="checkbox"/> ID <input type="checkbox"/> Full	16.		<input type="checkbox"/> Electronic <input type="checkbox"/> Physical		<input type="checkbox"/> ID <input type="checkbox"/> Full	P.	<input type="checkbox"/> Electronic <input type="checkbox"/> Physical
<input type="checkbox"/> ID <input type="checkbox"/> Full	17.		<input type="checkbox"/> Electronic <input type="checkbox"/> Physical		<input type="checkbox"/> ID <input type="checkbox"/> Full	Q.	<input type="checkbox"/> Electronic <input type="checkbox"/> Physical
<input type="checkbox"/> ID <input type="checkbox"/> Full	18.		<input type="checkbox"/> Electronic <input type="checkbox"/> Physical		<input type="checkbox"/> ID <input type="checkbox"/> Full	R.	<input type="checkbox"/> Electronic <input type="checkbox"/> Physical
<input type="checkbox"/> ID <input type="checkbox"/> Full	19.		<input type="checkbox"/> Electronic <input type="checkbox"/> Physical		<input type="checkbox"/> ID <input type="checkbox"/> Full	S.	<input type="checkbox"/> Electronic <input type="checkbox"/> Physical
<input type="checkbox"/> ID <input type="checkbox"/> Full	20.		<input type="checkbox"/> Electronic <input type="checkbox"/> Physical		<input type="checkbox"/> ID <input type="checkbox"/> Full	T.	<input type="checkbox"/> Electronic <input type="checkbox"/> Physical
<input type="checkbox"/> ID <input type="checkbox"/> Full	21.		<input type="checkbox"/> Electronic <input type="checkbox"/> Physical		<input type="checkbox"/> ID <input type="checkbox"/> Full	U.	<input type="checkbox"/> Electronic <input type="checkbox"/> Physical
<input type="checkbox"/> ID <input type="checkbox"/> Full	22.		<input type="checkbox"/> Electronic <input type="checkbox"/> Physical		<input type="checkbox"/> ID <input type="checkbox"/> Full	V.	<input type="checkbox"/> Electronic <input type="checkbox"/> Physical
<input type="checkbox"/> ID <input type="checkbox"/> Full	23.		<input type="checkbox"/> Electronic <input type="checkbox"/> Physical		<input type="checkbox"/> ID <input type="checkbox"/> Full	W.	<input type="checkbox"/> Electronic <input type="checkbox"/> Physical
<input type="checkbox"/> ID <input type="checkbox"/> Full	24.		<input type="checkbox"/> Electronic <input type="checkbox"/> Physical		<input type="checkbox"/> ID <input type="checkbox"/> Full	X.	<input type="checkbox"/> Electronic <input type="checkbox"/> Physical
<input type="checkbox"/> ID <input type="checkbox"/> Full	25.		<input type="checkbox"/> Electronic <input type="checkbox"/> Physical		<input type="checkbox"/> ID <input type="checkbox"/> Full	Y.	<input type="checkbox"/> Electronic <input type="checkbox"/> Physical
<input type="checkbox"/> ID <input type="checkbox"/> Full	26.		<input type="checkbox"/> Electronic <input type="checkbox"/> Physical		<input type="checkbox"/> ID <input type="checkbox"/> Full	Z.	<input type="checkbox"/> Electronic <input type="checkbox"/> Physical
State's physical exhibits returned to			Date				
Receipt Acknowledged			Date				