

**CERTIFICATE OF COMPLETION
OF LIMITED APPEARANCE**

JD-CL-122 Rev. 2-16
P.B. 3-9(c)

STATE OF CONNECTICUT
SUPERIOR COURT

www.jud.ct.gov

(For Court Use Only)

CERTCOM



Instructions to Attorneys:

1. Fill out the form, including the certification section at the end of the form. File the original paper version of this form with the clerk. Mail or deliver a copy to all attorneys and self-represented parties of record.
2. Event(s) or Proceeding(s) for which this Certificate of Completion is being filed must **exactly** match the event(s) or proceeding(s) on the Limited Appearance form JD-CL-121.

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.

Docket number

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Name of Case (Full name of Plaintiff v. Full name of Defendant)

Judicial District Small Claims Housing Address of Court (Number, state, town and zip code)

I have completed my representation for _____ for the following
(Name of party/parties)

event(s) and/or proceeding(s) as defined on the Limited Appearance (form JD-CL-121) filed with the court on _____
(Date filed)

Name of Proceeding or Event	Proceeding or Event Date	Name of Proceeding or Event	Proceeding or Event Date
<input type="checkbox"/> Family - Hearing on Order for Relief from Abuse		<input type="checkbox"/> Family - Conciliation Session	
<input type="checkbox"/> Civil Protection Order		<input type="checkbox"/> Civil - Case Evaluation Conference	
<input type="checkbox"/> Pretrial Conference		<input type="checkbox"/> Mediation	
<input type="checkbox"/> Status Conference		<input type="checkbox"/> Other ADR Process Session	
<input type="checkbox"/> Civil - Discovery/Scheduling Order Conference		<input type="checkbox"/> Foreclosure Mediation Program - Premediation	
<input type="checkbox"/> Trial Management Conference		<input type="checkbox"/> Foreclosure Mediation Program - Mediation	
<input type="checkbox"/> Family - Special Masters Conference		<input type="checkbox"/> Trial	
		<input type="checkbox"/> Civil - Jury Selection	

Pre-Judgment Motion(s) / Hearing(s)
(Provide additional description, if necessary)

Post-Judgment Motion(s) / Hearing(s)
(Provide additional description, if necessary)

Other (Specify): _____
(Provide additional description, if necessary. Be as specific as possible, for example: entry number(s), file date(s), title(s) of motion(s).)

Signed (Individual attorney)	Name of person signing at left (Print or type)	Juris number	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 receiving electronic delivery.

Name and address of each party and attorney that copy was mailed or delivered to*	For Court Use Only

*If necessary, attach additional sheet or sheets with name and address which the copy was mailed or delivered to.

Signed (Signature of filer)	Print or type name of person signing	Date signed
▶		
Mailing address (Number, street, town, state and zip code)	Telephone number	