

**APPEARANCE**

JD-SC-36 Rev. 4-16  
P.B. Sections 60-8, 62-7, 69-3, 70-1

STATE OF CONNECTICUT  
**APPELLATE COURT  
SUPREME COURT**

**Instructions - See page 2  
ADA Notice - See page 2**

**Notice to Self-Represented Parties**

**A self-represented party is a person who represents himself or herself.** If you are a self-represented party and you filed an appearance before and you have since changed your address, you must let the court and all attorneys and self-represented parties of record know that you have changed your address by checking the box below:

I am filing this appearance to let the court and all attorneys and self-represented parties of record know that I have changed my address.  
My new address is listed below.

Note: Attorneys or firms who list a change of address on this form must first contact the Statewide Grievance Committee to effectuate the change.  
Note: An appearance filed after the case is ready pursuant to Practice Book Section 62-8 requires permission of the court.

Trial Court docket number	Appeal docket number
---------------------------	----------------------

**Appeal caption(s)** (Full name of Plaintiff vs. Full name of Defendant)

**Please enter the appearance of**

Name of self-represented party (See "Notice to Self-Represented Parties" at top), or name of official, firm, professional corporation, or individual attorney	Juris number of attorney or firm
---	----------------------------------

<b>Mailing Address</b> (Number, Street) (Notice to attorneys and law firms - The address to which papers will be mailed from the court is the one registered or affiliated with your juris number. This address cannot be changed in this form.)	Post Office Box	Telephone number (Area code first)
--	-----------------	------------------------------------

City/Town	State	Zip Code	Fax number (Area code first)	E-mail address
-----------	-------	----------	------------------------------	----------------

In the case named above for : ("**X**" one of the following parties then list all applicable represented parties.)

- Appellant(s) (party filing the appeal): \_\_\_\_\_
- Appellee(s) (party responding to the appeal): \_\_\_\_\_
- Plaintiff in Error (party filing the Writ of Error): \_\_\_\_\_
- Defendant in Error (party responding to the Writ of Error): \_\_\_\_\_
- Other: \_\_\_\_\_

**Note:** If other counsel or a self-represented party has already filed an appearance for the party or parties "x'd" above, put an "x" in box 1 or 2 below:

1.  This is in place of the appearance of the following attorney, firm, or self-represented party on file (Practice Book Section 3-8):  
Name and juris number \_\_\_\_\_
2.  This appearance is in addition to an appearance already on file.

**I agree to accept papers (service) electronically in this case pursuant to Practice Book Section 62-7.**  Yes  No

Signed (Individual attorney or self-represented party)	Name of person signing at left (Print or type)	Date signed
--	--	-------------

I certify that a copy of the document(s) that I am filing has been delivered on \_\_\_\_\_ to each other counsel of record and I have included their names, addresses, e-mail addresses and telephone and facsimile numbers; the document(s) have been redacted or do not contain any names or other personal identifying information that is prohibited from disclosure by rule, statute, court order or case law; and comply with all applicable rules of appellate procedure in accordance with Practice Book Section 62-7.

If you have an exemption from e-filing under Practice Book Section 60-8, attach a list with the name, address, e-mail address, telephone number, and facsimile number of each counsel of record and the address where the copy was delivered.

Signed (Counsel of record)	Date signed
----------------------------	-------------

Names, addresses and numbers included on separate page.

## Instructions

1. Type or print.
  2. **For all Appellate Cases:** Fill out the form, including the certification section at the bottom of the form. File the original with the Office of the Appellate Clerk. Mail or deliver a copy to all counsel of record.
  3. For Self-represented parties who have changed their address after filing an appearance: Check the box at the top of page 1 of this form. Fill out the form, including your new address in the Mailing Address section of this form. Fill out the certification section at the bottom of the form. File the original with the Office of the Appellate Clerk. Mail or deliver a copy to all counsel of record.
- 

### 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).