

**REQUEST FOR ADJUDICATION OF  
DISCOVERY OR DEPOSITION DISPUTE  
UNDER STATEWIDE STANDING ORDER**

JD-CV-119 Rev. 4-18

STATE OF CONNECTICUT  
**JUDICIAL BRANCH**  
www.jud.ct.gov

For Court Use Only
<b>REQFADD</b>


**Instructions**

1. Fill out the form in full and file it with the clerk's office in the judicial district where the case is assigned.
2. In all cases that require e-filing, the Request for Adjudication of Discovery or Deposition Dispute must be e-filed and the filer must select "Request For Adjudication of Discovery or Deposition Dispute" when naming the form in e-filing.

**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).

Judicial district	Name of case (Plaintiff v. Defendant)	Docket number
Print the name of the party filing this request	Check whichever applies <input type="checkbox"/> Discovery dispute <input type="checkbox"/> Deposition dispute	Trial date

**Section 1 — Discovery Dispute**

Specify motion number(s) or objection number(s) and titles to be decided and any related motion number(s) or related objection number(s) and titles:

**Section 2 — Deposition Dispute**

Specify motion number(s) or objection number(s) and titles to be decided and any related motion number(s) or related objection number(s) and titles:

Request telephone conference (For deposition dispute only):  Yes  No

**Section 3 — Affidavit**

I certify the motion(s) or objection(s) or both specified above was or were filed within six months of the trial date and that bona fide attempts have been made to resolve these dispute(s) and counsel, or counsel and self-represented parties, or both, have been unable to reach an agreement.

Describe the communications held or attempted in trying to resolve these dispute(s) including the date, time and the persons who took part in each communication:

I certify that the statement above is true and accurate to the best of my knowledge and belief.

Subscribed and sworn to before me on:	Date	Signed (Affiant)	Signed (Notary, Comm. of Superior Court, Assistant Clerk)
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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 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.

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