APPLICATION FOR REFERRAL OF CASE TO THE COMPLEX LITIGATION DOCKET (CLD)

JD-CV-39 Rev. 4-13
Pr. Bk. Sec. 23-15, C.G.S. §§ 51-347b, 52-259

STATE OF CONNECTICUT
SUPERIOR COURT - CIVIL DIVISION
www.jud.ct.gov

COURT USE ONLY
CLDAPP

Instructions

1. *Counsel and self-represented parties seeking to have a case referred to the Complex Litigation Docket (CLD) must supply all of the information requested below. (Failure to supply complete and accurate information may disqualify a case.)*
2. ***This application must be accompanied by the appropriate fee** (Section 52-259 of the Connecticut General Statutes).*
3. *Information that does not fit on this form should be attached on a separate sheet, numbered to correspond to the questions on the form.*
4. *Attorneys not excluded from efiling must e-file this form and select "Complex Litigation Application" when naming the form in e-filing. Attorneys excluded from efiling and self-represented parties must file the original with the appropriate fee with the Clerk in the judicial district in which the case is pending.*

***Note:** Any objection to the transfer of this case to the CLD must be filed within 15 calendar days after the filing of this application. Attorneys not excluded from efiling must select "Objection to Transfer to Complex Litigation" when naming the objection in e-filing. Attorneys excluded from efiling and self-represented parties must file the objection with the Clerk in the judicial district in which the case is pending and must title it "Objection to Transfer to the Complex Litigation Docket."*

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*.

I submit this application for the Court's consideration.

Name and address of applicant	Juris number	Telephone number

1. Case name (Plaintiff v. Defendant)	2. Docket number
3. Judicial District in which case is pending	**4. Return date of original complaint**

5. List all plaintiffs and their counsel:

Plaintiff's name	Counsel's name and address	Counsel's phone #

6. List all defendants and their counsel:

Defendant's name	Counsel's name and address	Counsel's phone #

7. Indicate whether opposing counsel opposes:

	Yes	No
a. referral to the CLD	☐	☐
b. transfer to the CLD location requested on this application	☐	☐

8. Briefly describe the nature of the case: *(products liability, anti-trust, stockholders' action, UCC, etc.)*

9. List any cases with which this case is consolidated:

(Note: In order to apply for CLD in unconsolidated but related cases, a separate application with fee is required for each case.)

Case name (Plaintiff v. Defendant)	Docket number	Judicial District

10. Indicate the status of the litigation:

	Yes	No
a. pleadings closed	☐	☐
b. discovery completed	☐	☐
c. file sealed (partial/entire)	☐	☐
d. scheduled for trial — if so, when _____ *(Date)*	☐	☐
e. pretrial held	☐	☐
f. trial management conference held	☐	☐

(Continued...)

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	Yes	No	Not yet determined
g. claimed for jury trial.....	☐	☐	☐
h. claimed for bench trial.....	☐	☐	☐
i. class action status sought.....	☐	☐	☐

11. Has a request or application to refer this case to the Complex Litigation Docket previously been denied? ☐ Yes ☐ No

12. What is the estimated length of trial (in days)? _____

13. Why should this case be referred to the CLD ?

_____

_____

_____

_____

_____

_____

_____

14. Which CLD location is requested? *(Enter order of preference.)*

____Hartford ____Stamford ____Waterbury

Certification

I certify that a copy of this document was 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*

*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

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