

**FORECLOSURE MEDIATION - MOTION FOR PERMISSION TO REQUEST MEDIATION LATER THAN 15 DAYS AFTER RETURN DATE OR TO CHANGE MEDIATION PERIOD**

JD-CV-96 Rev. 2-24  
C.G.S. § 49-31k-n

STATE OF CONNECTICUT  
JUDICIAL BRANCH  
SUPERIOR COURT  
www.jud.ct.gov



**Instructions to person filing this form**

1. Fill out Section I or II of this form and file it with the Court. A Foreclosure Mediation Certificate (form JD-CV-108) must be filed if Section I is completed. Do NOT attach any documents that include any personal identifying information, such as loan numbers, bank account numbers, etc.
2. An Appearance (form JD-CL-12) must be filed with this form if an appearance has not already been filed with the court.

For information on ADA accommodations, contact the Centralized ADA Office at 860-706-5310 or go to: [www.jud.ct.gov/ADA/](http://www.jud.ct.gov/ADA/)

Name of case (Plaintiff v. Defendant)

Docket number

Judicial district

Return date

**I. Motion for Permission to file a Foreclosure Mediation Certificate later than 15 days after the return date:**

I request permission to file the *Foreclosure Mediation Certificate* (form JD-CV-108) for the following reason:

PPMP



OR

**II. Motion for Modification of Mediation Period:**

I request that the mediation period be modified, as follows:

Extend the mediation period to \_\_\_\_\_ for the following reason:  
(Date)

FMMOD



OR

Shorten the mediation period to \_\_\_\_\_ for the following reason:  
(Date)

FMSHORT



Signature of person submitting motion

Print name of person signing

Date signed

Address (Number, street, town, state, zip code)

E-mail address

Telephone number

**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)

E-mail address

Telephone number