

**FORECLOSURE  
MOTION FOR ADVICE**

JD-CV-100 Rev. 12-22

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/)

STATE OF CONNECTICUT  
JUDICIAL BRANCH  
**SUPERIOR COURT**  
[www.jud.ct.gov](http://www.jud.ct.gov)



Name of case ( <i>Plaintiff v. Defendant</i> )		Judicial District	Docket number
Name of seller/committee	E-mail address of seller/committee		Juris number
Address of seller/committee			Telephone number
Name of buyer	E-mail address of buyer		Telephone number
Address of buyer			
Attorney of buyer	E-mail address of attorney of buyer		Juris number
Address of attorney of buyer			Telephone number
Property address/location			

The committee requests the advice of the court for the following reason:

Signed - Seller/Committee	Date
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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 ( <i>Signature of filer</i> )	Print or type name of person signing	Date signed
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**Order**

The foregoing motion having been presented to the court, it is hereby **Ordered**:

By The Court	Judge/Clerk	Date
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Oral Argument Requested Testimony Not Required