

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

JD-CV-119 Rev. 12-10

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

For Court Use Only
REQADD



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 Discovery Or Deposition Dispute must be e-filed by attorneys not excluded from e-filing and the filer must select "Request For Adjudication Discovery Or Deposition Dispute" when naming the form in e-filing.

Judicial District	Name of Case	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 (<i>Affiant</i>)	Signed (<i>Notary, Comm. of Superior Court, Assistant Clerk</i>)
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Certification

I certify that a copy of this document was mailed or delivered electronically or non-electronically to all attorneys and self-represented parties of record on (*date*) _____ 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*

Signed (<i>Individual attorney or self-represented party</i>)	Print or type name of person signing
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*If necessary, attach additional sheet or sheets with the name and address which the copy was mailed or delivered to