

APPEARANCE

JD-CL-12 Rev. 12-21

P.B. §§ 3-1 through 3-12, 10-13, 25-6A, 25a-2, 25a-3

**This form is available
in other language(s).**

STATE OF CONNECTICUT

SUPERIOR COURT

www.jud.ct.gov

**There are instructions and important notices on page 2 (the back) of this form.****Read page 2 before filling out this form.**
☐ I am filing this appearance to let the court and all attorneys and self-represented parties of record know that I have changed my address. My new address is below.

Return date (For Civil/Family cases)

Docket Number

Name of case (Full name of first Plaintiff v. Full name of first Defendant) Note: In Criminal/Motor Vehicles cases, the Plaintiff is The State of Connecticut
☐ Housing Session
☐ Judicial District
☐ Geographic Area

Address of court (Number, street, town and zip code)

Scheduled court date (Criminal/Motor Vehicle cases only)

Enter the Appearance of**Name** (Your name or name of official, firm, professional corporation, or individual attorney)

Juris number (For attorney/law firm)

Mailing address

Post Office box number

Telephone number (Area code first)

City/town

State

Zip code

Fax number

E-mail address

in the case named above for: (Select one of the following parties. See descriptions/notes on page 2 of this form.)

PLAINTIFF

- ☐ The Plaintiff.
☐ All Plaintiffs.
☐ The following Plaintiff(s) only:

DEFENDANT

- ☐ The Defendant.
☐ All Defendants.
☐ The following Defendant(s) only:

☐ **Other (Specify):** _____

- ☐ This is a **Family Matters** case (such as divorce, custody, or child support). My appearance is for: (Select one or both)
☐ matters in the Family Division of the Superior Court ☐ Title IV-D Child Support matters

- ☐ This is a **Criminal/Motor Vehicle** case, and I am filing this appearance as ☐ a Public Defender or ☐ Assigned Counsel
☐ This appearance is for the purpose of a bail hearing only. (Special Public Defender)
☐ This appearance is for the purpose of alternative arraignment proceedings only.

If an appearance by other counsel or self-represented party is on file for this party/parties, select one option below:

1. ☐ This appearance is in place of the appearance of: _____
 Name and Juris Number (if applicable) to be replaced
2. ☐ This appearance is in addition to an appearance already on file.

I agree that documents can be delivered (served) to me electronically in this case. (Practice Book Sec. 10-13) ☐ **Yes** ☐ **No**

Signed (Individual attorney or self-represented party)

Name of person signing at left (Print or type)

Date signed

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*

FOR COURT USE ONLY

*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