APPEARANCE
JD-CL-12 Rev. 1-26
P.B. §§ 3-1 through 3-12, 10-13, 25-6A, 25a-2, 25a-3;
WCAG 2.1 AA

This form is available in other language(s).

STATE OF CONNECTICUT
JUDICIAL BRANCH
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
LLI-CV21-5014019

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*

Jon A. Goodwin v. Raymond J. Milot, Junior

☐ Housing Session ☒ Judicial District ☐ Geographic Area ___

Address of court *(Number, street, town and zip code)*
50 Field Street, Torrington, CT 06790

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)*
Ciarra Minacci-Morey

Juris number *(For attorney/law firm)*
443556

Mailing address
Office of the Attorney General, 55 West Main Street, Suite 110

Post Office box number

Telephone number *(Area code first)*
(203) 805-6324

City/town	State	Zip code	Fax number	E-mail address
Waterbury	**CT**	**06702**		**Ciarra.Minacci-Morey@ct.gov**

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):* **Department of Children and Families**

☐ 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 (Special Public Defender)
☐ This appearance is for the purpose of a bail hearing only.
☐ 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. ☒ **Yes** ☐ **No**

Any attorney who is not exempt from e-filing is required to accept electronic delivery. (Practice Book Section 10-13)

Signed *(Individual attorney or self-represented party)*	Name of person signing at left *(Print or type)*	Date signed
Ciarra Minacci-Morey Digitally signed by Ciarra Minacci-Morey Date: 2026.06.30 12:17:42 -04'00'	**Ciarra Minacci-Morey**	**06/30/2026**

Certification

I certify that a copy of this document was or will immediately be mailed or delivered electronically *or non-electronically on (date)* **06/30/2026** to all counsel and self-represented parties of record and that written consent for electronic delivery was received from all counsel exempt from e-filing 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*

Jon Goodwin, 34 North Franklin Avenue, Pinedale, WY 82941 (self represented);
Atty John R. Williams, jrw@johnrwilliams.com; Atty Robert Salerno, rsalerno@contilevylaw.com

**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
▶ Ciarra Minacci-Morey Digitally signed by Ciarra Minacci-Morey Date: 2026.06.30 12:16:06 -04'00'	**Ciarra Minacci-Morey**	**06/30/2026**
Mailing address *(Number, street, town and zip code)*		Telephone number
55 West Main Street, Suite 110, Waterbury, CT 06702		**(203) 805-6324**

FOR COURT USE ONLY

2026 JUN 30 P 1:25
JUDICIAL DISTRICT OF LITCHFIELD
CLERK'S OFFICE

OFFICE OF THE CLERK
SUPERIOR COURT