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

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

☐ *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)*
Nov-23-2021
Docket Number
LLI-CV-21-5014019-S

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*

GOODWIN, JON A. v. MILOT JUNIOR, RAYMOND J. Et Al

☐ Housing Session	☒ Judicial District	☐ Geographic Area ___	Address of court *(Number, street, town and zip code)*	Scheduled court date *(Criminal/Motor Vehicle cases only)*
			50 FIELD STREET TORRINGTON, CT 06790	

Enter the Appearance of

Name *(Your name or name of official, firm, professional corporation, or individual attorney)*					Juris number *(For attorney/law firm)*
ROBERT A SERAFINOWICZ					**423695**
Mailing address				Post Office box number	Telephone number *(Area code first)*
520 SOUTH MAIN STREET					**203 8027537**
City/town	State	Zip code	Fax number	E-mail address	
NAUGATUCK	**CT**	**06770**		**robser7537@gmail.com**	

in the case named above for: *(Select one of the following parties)*

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

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

☒ **Other** *(Specify):* **Pty# O-03 CHRISTINE JOWDY**

☐ 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 <u>not</u> 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
423695	**ROBERT A SERAFINOWICZ**	**Jul 07 2026**

Certification

I certify that a copy of this document was or will immediately be mailed or delivered electronically *or non-electronically on (date)* **Jul 07 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.

FOR COURT USE ONLY

Name and address of each party and attorney that copy was or will be mailed or delivered to*

JOHN WILLIAMS - ASSOCIATES, LLC/51 ELM ST STE 409/NEW HAVEN, CT 06510
PULLMAN & COMLEY LLC - 90 STATE HOUSE SQUARE/HARTFORD, CT 06103

**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
▶ ***423695***	**ROBERT A SERAFINOWICZ**	**Jul 07 2026**
Mailing address *(Number, street, town, state and zip code)*		Telephone number

Print Reset

Continuation of JDCL12 Appearance Form for LLI-CV-21-5014019-S

Submitted By ROBERT A SERAFINOWICZ (423695)

Certification of Service (Continued from JDCL12)

Name and Address at which service was made:

CONTI LEVY SALERNO & GOODRICH LLC - P.O. BOX 239/TORRINGTON, CT 06790

CIARRA MINACCI-MOREY - AG-CHILD PROTECTION DEPT/165 CAPITOL AVE 4TH FLR/HARTFORD, CT 06106

JON A. GOODWIN (Self Represented) - STE 687-2690 34 NORTH FRANKLIN AVE PINEDALE, WY 82941

******* End of Certification of Service *******