WITHDRAWAL

JD-CV-41 Rev. 1-18

ADA NOTICE
The Judicial Branch of the State of Connecticut complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation in accordance with the ADA, contact a court clerk or an ADA contact person listed at *www.jud.ct.gov/ADA.*

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

Docket number
LLI-CV-21-5014019-S
Return date (*For Civil and Housing cases only*)
Nov-23-2021
Answer date (*For Small Claims cases only*)

Instructions:
1. Complete this form by selecting any applicable withdrawal categories below.
2. File with the clerk.

Name of case *(First-named Plaintiff vs. First-named Defendant)*
GOODWIN, JON A. v. MILOT JUNIOR, RAYMOND J. Et Al

☒ Judicial District ☐ Housing Session

Address of court *(Number, street, town and zip code)*
50 FIELD STREET TORRINGTON, CT 06790

Dispositive (Complete) Withdrawal

(Do not check the following two boxes if any intervening complaints, cross complaints, counterclaims, or third party complaints remain pending in this case. See below for partial withdrawal of action.)

(WDACT) ☐ The Plaintiff's action is WITHDRAWN AS TO ALL DEFENDANTS without costs to any party.

(WOARD) ☐ A judgment has been rendered against the following Defendant(s): _____

and the Plaintiff's action is WITHDRAWN AS TO ALL REMAINING DEFENDANTS without costs.

Partial Withdrawal

The following pleading(s), motion(s) or other paper(s) in the case named above is or are withdrawn:

(WDCOMP) ☐ Complaint
(WAPPCOM) ☐ Apportionment Complaint
(WOC) ☐ Counterclaim
(WDINTCO) ☐ Intervening Complaint
(WDCC) ☐ Cross Complaint (cross claim)
(WDTHPC) ☐ Third Party Complaint
(WDCOUNT) ☐ Counts of the complaint: _____

(WOAAP) ☐ Plaintiff(s): _____

(WOAAD) ☒ Complaint against defendant(s): **D-03 ROBERT KHALIL** only without costs

(WOM) ☐ Motion: _____
☐ Other: _____

Signature of Filer(s)

Party **P-01 JON A. GOODWIN** ; By **JOHN R WILLIAMS** Attorney or Self-represented party
Party _____ ; By _____ Attorney or Self-represented party
Party _____ ; By _____ Attorney or Self-represented party
Party _____ ; By _____ Attorney or Self-represented party

Name & Address of Filer(s): ▶ **JOHN R WILLIAMS**
51 Elm Street, New Haven, CT 06510

Certification

I certify that a copy of this document was or will immediately be mailed or delivered electronically or non-electronically on (date) **Mar-16-2022** 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*
DANAHERLAGNESE PC - CAPITOL PLACE/STE 700/21 OAK STREET/HARTFORD, CT 06106

*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
▶ **067962**	**JOHN R WILLIAMS**	**Mar-16-2022**

Mailing address *(Number, street, town, state and zip code)*	Telephone number
ASSOCIATES, LLC 51 ELM ST STE 409 NEW HAVEN, CT 06510	**203-562-9931**

For Court Use Only

Continuation of JDCV41 Withdrawal for LLI-CV-21-5014019-S

Submitted By JOHN R WILLIAMS (067962)

Certification of Service (Continued from JDCV41)

Name and Address at which service was made:

MAYO GOODRICH REBECCA LAW OFFICE OF LLC - 23 SOUTH MAIN STREET/P.O. BOX 1420/NEW MILFORD, CT 06776

STOCKMAN O'CONNOR CONNORS PLLC - 10 MIDDLE STREET/11TH FLOOR/BRIDGEPORT, CT 06604

SAMANTHA WONG - AG-PUBLIC SAFETY/110 SHERMAN ST 2ND FLR/HARTFORD, CT 06105

JON A. GOODWIN (Self Represented) - 95 INDIAN TRAIL (CLC) NEW MILFORD, CT 06776

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