CLAIM FOR JURY

JD-CL-53 Rev. 6-12
C.G.S. §§ 52-215, 52-258
Pr. Bk. §§ 14-4, 14-8, 14-10

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

Court Use Only
CLAIM6

Instructions

1. This claim must be accompanied by the appropriate jury fee (Section 52-258 of the Connecticut General Statutes).
2. When pleadings are closed, a Certificate of Closed Pleadings (JD-CV-11) must also be filed.

To: The Superior Court

Return date: **Nov-23-2021**
Docket number: **LLI-CV-21-5014019-S**

Name of case *(Full name of Plaintiff v. Full name of Defendant)*
GOODWIN, JON A. v. MILOT JUNIOR, RAYMOND J. Et Al

☒ Judicial District ☐ Housing Session ☐ Geographical Area number ____

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

This case is claimed for the inventory of jury cases.

(A certificate of closed pleadings must be filed before the case named above can be placed on the inventory of jury cases.)

Claim filed by *("X" one)*
☒ Plaintiff's Attorney ☐ Plaintiff ☐ Defendant's Attorney ☐ Defendant

Name of Law Firm, Attorney, or Self-Represented Party
JOHN R WILLIAMS

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

Telephone number
203-562-9931

Certification

I certify that this claim is filed in accordance with section 52-215 of the Connecticut General Statutes and that a copy of this document was mailed or delivered electronically or non-electronically on *(date)* **Jun-11-2022** 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 receiving electronic delivery.

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

DANAHERLAGNESE PC - CAPITOL PLACE/STE 700/21 OAK STREET/HARTFORD, CT 06106
MAYO GOODRICH REBECCA LAW OFFICE OF LLC - 23 SOUTH MAIN STREET/P.O. BOX 1420/NEW MILFORD, CT 06776

For Court Use Only

Signed (*Signature of filer*)
▶ **067962**

Print or type name of person signing
JOHN R WILLIAMS

Date signed
Jun-11-2022

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

Telephone number
203-562-9931

*If necessary, attach additional sheet or sheets with name and address which the copy was mailed or delivered to.

Continuation of JDCL53 Claim For Jury Form for LLI-CV-21-5014019-S

Submitted By JOHN R WILLIAMS (067962)

Certification of Service (Continued from JDCL53)

Name and Address at which service was made:

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 *******