

**FORECLOSURE MEDIATION  
CERTIFICATE**

JD-CV-108 New 7-09  
P.A. 09-209

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



**Instructions to Homeowner Applicant**

1. Use this form if return date in your case is on or after July 1, 2009.
2. Fill out this Certificate form and an Appearance form, JD-CL-12 (available at the courthouse or online at [www.jud2.ct.gov/webforms](http://www.jud2.ct.gov/webforms)) and **file them with the court not more than 15 days after the return date on the Summons.**
3. You must mail or deliver a copy of this completed Certificate form to the plaintiff's attorney, or to the plaintiff if the plaintiff is not represented by an attorney.

**Type or Print Legibly**

Name of case ( <i>Plaintiff on Summons vs. Defendant on Summons</i> )		Docket number ( <i>To be filled in by court staff</i> )
Return date ( <i>On upper right portion of Summons</i> )	Judicial District of ( <i>On upper left portion of Summons</i> )	

**Homeowner(s) Information**

Your name(s)		
Address ( <i>Number, street, town, state, zip code</i> )		
Telephone number ( )	Business phone ( )	Cell phone ( )

- Is this property your primary residence?  Yes  No
- Do you occupy the property?  Yes  No
- Is it a 1, 2, 3 or 4 family residential property located in Connecticut?  Yes  No
- Are you the borrower?  Yes  No
- Is this a mortgage foreclosure?  Yes  No

Signed	Print name of person signing	Date signed
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Name and address of each party (*plaintiff's attorney, or the plaintiff if the plaintiff is not represented by an attorney*) this Certificate was mailed or delivered to:\*

Name ( <i>Of each party (plaintiff's attorney, or the plaintiff if the plaintiff is not represented by an attorney) copy was mailed or delivered to</i> )	Address ( <i>At which copy was mailed or delivered</i> )

*\*If necessary, attach an additional sheet or sheets with the name of each party (plaintiff's attorney, or the plaintiff if the plaintiff is not represented by an attorney) and the address at which the copy was mailed or delivered to.*

I certify that a copy of this Certificate was mailed or delivered to the plaintiff's attorney, or to the plaintiff if the plaintiff is not represented by an attorney, on (*Date mailed or delivered*): \_\_\_\_\_

Signed ( <i>Attorney or self-represented party completing form</i> )	Print name of person signing	Telephone number
Address ( <i>Number, street, town, state, zip code</i> )		