

# WITHDRAWAL

JD-CV-41 Rev. 1-99

## STATE OF CONNECTICUT SUPERIOR COURT

COMPLETE ALL SECTIONS BELOW

DOCKET NO.

RETURN DATE

NAME OF CASE (FIRST-NAMED PLAINTIFF VS. FIRST-NAMED DEFENDANT)

Judicial District     Housing Session     G.A. No.

ADDRESS OF COURT (No., street, town and zip code)

### SECTION I (check only one box) THIS WITHDRAWAL IS BEING FILED BECAUSE THE DISPUTE HAS BEEN RESOLVED BY:

#### I. COURT-ANNEXED ADR

- 411088  Early Intervention
- 411089  Early Neutral Evaluation
- 411090  Attorney Trial Referee
- 411091  Fact-Finding
- 411093  Arbitration
- 411094  Mediation
- 411095  Special Masters
- 411096  Summary Jury Trial

#### II. COURT INTERVENTION

- 411098  Pretrial Conference
- 411099  Trial Management Conference
- 411100  Commencement of Trial (court trial - first witness sworn; jury trial - trial jurors sworn)

#### III. PRIVATE ADR

411102  Provider Name: \_\_\_\_\_

#### IV. OTHER

- 411103  Discussion of Parties on Their Own
- 415602  Unilateral Action of Party(ies)

### SECTION II 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.)

#### DISPOSITIVE

- (WDACT)  The Plaintiff's action is WITHDRAWN AS TO ALL DEFENDANTS without costs to any party.
- (WOARD)  A judgment has been rendered against Defendant(s):



\_\_\_\_\_ and the Plaintiff's action is WITHDRAWN AS TO ALL REMAINING DEFENDANTS without costs.

#### PARTIAL

##### The

- (WDCOMP)  Complaint
- (WDCOUNT)  Counts of the complaint: \_\_\_\_\_
- (WDCOMP)  Intervening Complaint
- (WDTHPC)  Third Party Complaint
- (WAPPCOM)  Apportionment Complaint
- (WDCC)  Cross Complaint (cross claim)
- (WOC)  Counterclaim
- (WOAAP)  Plaintiff(s): \_\_\_\_\_
- WOAAD  Complaint against defendant(s): \_\_\_\_\_ only w/o costs
- Other: \_\_\_\_\_

in the above entitled action is withdrawn.

#### SIGNATURE REQUIRED

Plaintiff \_\_\_\_\_ ; By \_\_\_\_\_ Attorney

Plaintiff \_\_\_\_\_ ; By \_\_\_\_\_ Attorney

Defendant \_\_\_\_\_ ; By \_\_\_\_\_ Attorney

Defendant \_\_\_\_\_ ; By \_\_\_\_\_ Attorney

#### NAME & ADDRESS OF SIGNER: →

### SECTION III CERTIFICATION

I hereby certify that a copy was mailed/delivered to all counsel and pro se parties of record on:

DATE

SIGNED (Individual attorney or pro se party)

PHONE NO. (area code first)

X

( )

NAME OF EACH PARTY SERVED \*

ADDRESS AT WHICH SERVICE WAS MADE\*

\* If necessary, attach additional sheet with names of each party served and the address at which service was made.