

GAMING DISPUTES TRIAL COURT

- Do not file with original motion. Use only for reclaiming motions or for motions that must be claimed by rule.

GAMING DISPUTES COURT CLERK
13 CROW HILL ROAD
UNCASVILLE, CT 06382-0549

DOCKET NO.

RETURN DATE

NAME OF CASE (First named plaintiff and defendant)

☐ PLAINTIFF
☐ DEFENDANT

☐ CLAIMS
☐ RECLAIMS

The following motion for the MOTION CALENDAR LIST:

DATE OF MOTION

IF ORAL ARGUMENT AND/OR TESTIMONY IS DESIRED, YOU MUST "X" THE APPROPRIATE
BOXES BELOW

☐ ORAL ARGUMENT is desired

☐ TESTIMONY is desired

DESCRIPTION OF MOTION

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

DATE

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.*

SIGNED

X

NAME AND MAILING ADDRESS OF PERSON FILING CLAIM/RECLAIM

TELEPHONE NO.