

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, P.O. BOX 549
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.