

LIST OF EXHIBITS

JD-CL-28 Rev. 6-16

STATE OF CONNECTICUT
SUPERIOR COURT

LISTEXH



Type of Proceeding: **Arbitration**

Date(s) of Proceeding: **06/29/2018**

Court Geographic Area number _____ Judicial District of: **Hartford** Housing Session _____ At (Town) **Hartford**

Name of case **CAINES, Annette v. MORIN, Annmarie** Name(s) of Clerk(s) _____

Name of Judge **Joseph Natopolous (Arbitrator)** Name(s) of court reporter(s) _____ Docket number **HHD-CV17-6081098-S**

Plaintiff's Exhibits		Entered as Full or ID	Defendant's Exhibits		Entered as Full or ID
<input checked="" type="checkbox"/> Full	1. Medical reports & bills for Plaintiff 1	06/29/2018	<input type="checkbox"/> Full	A. -----end of list-----	-----
<input type="checkbox"/> Full	2. Medical reports & bills for Plaintiff 2	06/29/2018	<input type="checkbox"/> Full	B.	
<input type="checkbox"/> Full	3. -----end of list-----	-----	<input type="checkbox"/> Full	C.	
<input type="checkbox"/> Full	4.		<input type="checkbox"/> Full	D.	
<input type="checkbox"/> Full	5.		<input type="checkbox"/> Full	E.	
<input type="checkbox"/> Full	6.		<input type="checkbox"/> Full	F.	
<input type="checkbox"/> Full	7.		<input type="checkbox"/> Full	G.	
<input type="checkbox"/> Full	8.		<input type="checkbox"/> Full	H.	
<input type="checkbox"/> Full	9.		<input type="checkbox"/> Full	I.	
<input type="checkbox"/> Full	10.		<input type="checkbox"/> Full	J.	
<input type="checkbox"/> Full	11.		<input type="checkbox"/> Full	K.	
<input type="checkbox"/> Full	12.		<input type="checkbox"/> Full	L.	
<input type="checkbox"/> Full	13.		<input type="checkbox"/> Full	M.	
<input type="checkbox"/> Full	14.		<input type="checkbox"/> Full	N.	
<input type="checkbox"/> Full	15.		<input type="checkbox"/> Full	O.	
<input type="checkbox"/> Full	16.		<input type="checkbox"/> Full	P.	
<input type="checkbox"/> Full	17.		<input type="checkbox"/> Full	Q.	
<input type="checkbox"/> Full	18.		<input type="checkbox"/> Full	R.	
<input type="checkbox"/> Full	19.		<input type="checkbox"/> Full	S.	
<input type="checkbox"/> Full	20.		<input type="checkbox"/> Full	T.	
<input type="checkbox"/> Full	21.		<input type="checkbox"/> Full	U.	
<input type="checkbox"/> Full	22.		<input type="checkbox"/> Full	V.	
<input type="checkbox"/> Full	23.		<input type="checkbox"/> Full	W.	
<input type="checkbox"/> Full	24.		<input type="checkbox"/> Full	X.	
<input type="checkbox"/> Full	25.		<input type="checkbox"/> Full	Y.	
<input type="checkbox"/> Full	26.		<input type="checkbox"/> Full	Z.	

Plaintiff's exhibits returned to _____ Date _____ Defendant's exhibits returned to _____ Date _____
 Receipt acknowledged (Attorney for Plaintiff) _____ Date _____ Receipt acknowledged (Attorney for Defendant) _____ Date _____