

WITHDRAWAL

JD-CV-41 Rev. 6-12

STATE OF CONNECTICUT
SUPERIOR COURT
www.jud.ct.gov

Return date
Sep-16-2014
Docket number
UWY-CV-14-6025333

Fill Out All Sections Below

Name of case (First-named Plaintiff vs. First-named Defendant)

SHERWOOD, ROBIN Et Al v. STAMFORD HEALTH SYSTEM D/B/A STAMFORD HOSPITAL

<input checked="" type="checkbox"/> Judicial District	<input type="checkbox"/> Housing Session	<input type="checkbox"/> Geographical Area number	Address of court (Number, street, town and zip code) 300 GRAND STREET WATERBURY, CT 06702
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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
- 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 or Parties

Section II Withdrawal

Dispositive (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.)

(WDACT) The Plaintiff's action is WITHDRAWN AS TO ALL DEFENDANTS without costs to any party.



(WOARD) A judgment has been rendered against the following Defendant(s):



_____ and the Plaintiff's action is WITHDRAWN AS TO ALL REMAINING DEFENDANTS without costs.

Partial

The following pleading(s), motion(s) or other paper(s) in the case named above is or are withdrawn:

- (WDCOMP) Complaint (WOAAP) Plaintiff(s): _____
- (WDCOUNT) Counts of the complaint: _____ (WOAAD) Complaint against defendant(s): _____
- (WDINTCO) Intervening Complaint
- (WDTHPC) Third Party Complaint _____ only without costs
- (WAPPCOM) Apportionment Complaint (WOM) Motion: _____
- (WDCC) Cross Complaint (cross claim) Other: _____
- (WOC) Counterclaim

Signature Required

Party D-01 STAMFORD HEALTH SYSTEM D/B/A STAMI; By NEUBERT PEPE & MONTEITH PC Attorney or Self-represented Party

Party _____; By _____ Attorney or Self-represented Party

Party _____; By _____ Attorney or Self-represented Party

Party _____; By _____ Attorney or Self-represented Party

Name & Address of Signer: **SIMON IRVING ALLENTUCH**
195 Church Street, New Haven, CT 06510

Section III Certification

I certify that a copy of this document was mailed or delivered electronically or non-electronically on (date) Nov-3-2016 to all attorneys and self-represented parties of record and that written consent for electronic delivery was received from all attorneys and self-represented parties receiving electronic delivery.

Name and address of each party and attorney that copy was mailed or delivered to*
SHIPMAN & GOODWIN LLP - ONE CONSTITUTION PLAZA/HARTFORD, CT 06103

*If necessary, attach additional sheet or sheets with name and address which the copy was mailed or delivered to.

Signed (Signature of filer) ▶ 416908	Print or type name of person signing SIMON IRVING ALLENTUCH	Date signed Nov-3-2016	<i>For Court Use Only</i>
Mailing address (Number, street, town, state and zip code) 195 CHURCH STREET 13TH FLOOR NEW HAVEN, CT 06510		Telephone number 2038212000	

Continuation of JDCV41 Withdrawal for UWY-CV-14-6025333-S

Submitted By NEUBERT PEPE & MONTEITH PC (407996)

Certification of Service (Continued from JDCV41)

Name and Address at which service was made:

TOOHER WOCL & LEYDON LLC - 80 FOURTH STREET/STAMFORD, CT 06905

******* End of Certification of Service *******