

**APPEARANCE**

JD-CL-12 Rev. 9-13  
P.B. §§ 3-1 thru 3-6, 3-8, 10-13, 25A-2

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

Instructions — See Back/Page 2  
ADA Notice — See Back/Page 2

**Notice To Self-Represented Parties**

A self-represented party is a person who represents himself or herself. If you are a self-represented party and you filed an appearance before and you have since changed your address, you must let the court and all attorneys and self-represented parties of record know that you have changed your address by checking the box below:

I am filing this appearance to let the court and all attorneys and self-represented parties of record know that I have changed my address. My new address is below.

Return date
Docket number <b>NNH-CV-14-6050848-S</b>

Name of case (Full name of Plaintiff vs. Full name of Defendant)

**ZHAOYIN WANG V. BETA PHARMA, INC., ET AL.**

<input checked="" type="checkbox"/> Judicial District	<input type="checkbox"/> Housing Session	<input type="checkbox"/> Small Claims	<input type="checkbox"/> Geographic Area number	Address of Court (Number, street, town and zip code) <b>235 Church Street, New Haven, CT 06510</b>
Scheduled Court date (Criminal/Motor Vehicle Matters)				

**Please Enter the Appearance of**

Name of self-represented party (See "Notice to Self-Represented Parties" at top), or name of official, firm, professional corporation, or individual attorney <b>JACOBS &amp; DOW, LLC</b>	Juris number of attorney or firm attorney <b>432271</b>
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Mailing Address (Number, street) (Notice to attorneys and law firms - The address to which papers will be mailed from the court is the one registered or affiliated with your juris number. That address cannot be changed in this form.) <b>350 Orange Street</b>	Post office box	Telephone number (Area code, first) <b>203-772-3100</b>
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City/town <b>New Haven</b>	State <b>CT</b>	Zip code <b>06511</b>	Fax number (Area code first) <b>203-772-1691</b>	E-mail address <b>jkatz@jacobsllaw.com</b>
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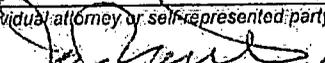
in the case named above for: ("x" one of the following parties; if this is a Family Matters case, also indicate the scope of your appearance)

- The Plaintiff (includes the person suing another person).
- All Plaintiffs.
- The following Plaintiff(s) only: \_\_\_\_\_
- The Defendant (includes the person being sued or charged with a crime).
- The Defendant for the purpose of the bail hearing only (in criminal and motor vehicle cases only).
- All Defendants.
- The following Defendant(s) only: \_\_\_\_\_
- Other (Specify): **THIRD-PARTY DEFENDANT NANJING ALLGEN PHARMA CO., LTD.**
- This is a Family Matters case and my appearance is for: ("x" one or both)
  - matters in the Family Division of the Superior Court
  - Title IV-D Child Support matters

Note: If other counsel or a self-represented party has already filed an appearance for the party or parties "x'd" above, put an "x" in box 1 or 2 below:

- This appearance is in place of the appearance of the following attorney, firm or self-represented party on file (P.B. Sec. 3-8): \_\_\_\_\_ (Name and Juris Number)
- This appearance is in addition to an appearance already on file.

I agree to accept papers (service) electronically in this case under Practice Book Section 10-13  Yes  No

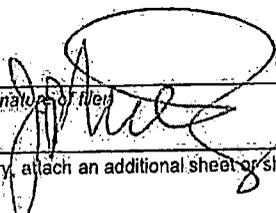
Signed (Individual, attorney or self-represented party) 	Name of person signing at left (Print or type) <b>Jonathan Katz</b>	Date signed <b>11/16/16</b>
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**Certification**

I certify that a copy of this document was mailed or delivered electronically or non-electronically on (date) **11/16/16** 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\*  
See attached Certificate of Service

Judicial District of New Haven  
**SUPERIOR COURT**  
**FILED**  
**NOV 16 2016**  
**CHIEF CLERK'S OFFICE**

Signed (Signature of filer) 	Print or type name of person signing <b>Jonathan Katz</b>	Date signed <b>11/16/16</b>	Telephone number <b>203-772-3100</b>
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\*If necessary, attach an additional sheet or sheets with the name of each party and the address which the copy was mailed or delivered to.

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**CERTIFICATE OF SERVICE**

I hereby certify that a copy of the foregoing was, or immediately will be, either mailed or electronically delivered on this 16th day of November, 2016, to all counsel and self-represented parties of record (and that written consent for electronic delivery was received from all counsel and self-represented parties of record who were electronically served) in accordance with Practice Book §10-13 and §10-14 (as amended 1/1/2015).

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Jonathan Katz