

# CLAIM FOR JURY

JD-CL-53 Rev. 6-12  
C.G.S. §§ 52-215, 52-258  
Pr. Bk. §§ 14-4, 14-8, 14-10

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

Court Use Only

**CLAIM6**



### Instructions

1. This claim must be accompanied by the appropriate jury fee (Section 52-258 of the Connecticut General Statutes).
2. When pleadings are closed, a Certificate of Closed Pleadings (JD-CV-11) must also be filed.

## To: The Superior Court

Return date

**Jan-06-2015**

Docket number

**UWY-CV-15-6025912**

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

**GRECHKA, JAMES v. WHOLE FOODS MARKET GROUP, INC. Et Al**

Judicial  
District

Housing  
Session

Geographical  
Area number \_\_\_\_\_

Address of court (Number, street, town and zip code)

**300 GRAND STREET WATERBURY, CT 06702**

### This case is claimed for the inventory of jury cases.

(A certificate of closed pleadings must be filed before the case named above can be placed on the inventory of jury cases.)

Claim filed by ("X" one)

Plaintiff's Attorney

Plaintiff

Defendant's Attorney

Defendant

Name of Law Firm, Attorney, or Self-Represented Party

**RYAN RYAN DELUCA LLP**

Mailing address (Number, street, town, state and zip code)

**360 BLOOMFIELD AVENUE SUITE 301 WINDSOR, CT 06095**

Telephone number

**860-785-5154**

### Certification

I certify that this claim is filed in accordance with section 52-215 of the Connecticut General Statutes and that a copy of this document was mailed or delivered electronically or non-electronically on (date) Apr-15-2015 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\*

**MOORE O'BRIEN YELENAK & FOTI - 700 WEST JOHNSON AVENUE/SUITE 207/CHESHIRE, CT 06410**

For Court Use Only

Signed (Signature of filer)

**▶ 407426**

Print or type name of person signing

**JANICE D LAI**

Date signed

**Apr-15-2015**

Mailing address (Number, street, town, state and zip code)

**360 BLOOMFIELD AVENUE SUITE 301 WINDSOR, CT 06095**

Telephone number

**860-785-5154**

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