

**APPLICATION FOR ISSUANCE OF SUBPOENA**JD-CL-136 Rev. 8-24  
P.B. § 7-19; C.G.S. § 52-161bSTATE OF CONNECTICUT  
JUDICIAL BRANCH  
**SUPERIOR COURT**  
www.jud.ct.gov**Notice to Applicant:***If a self-represented applicant and it is denied in whole or in part, you may submit a Request for Hearing on Denied Application for Issuance of Subpoena (form JD-CL-137).***Instructions to Clerk:***If a self-represented applicant in any Civil, Family, Family Support Magistrate or Housing case has been convicted of a family violence crime or of any of the other statutes listed in the Application section and is seeking to subpoena the victim of such crime, schedule a hearing and give the applicant notice of the date, time and location of the hearing. Do not schedule such hearings for Criminal matters.*

COURT USE ONLY

AISBPPP



<input type="checkbox"/> Judicial District	<input type="checkbox"/> Housing Session	<input type="checkbox"/> Geographical Area	At (City/Town)
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Name(s) of applicant(s)	Additional applicant(s)
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Docket Number	Name of Case
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Type of Court Case

Civil       Housing       Family       Family Support Magistrate       Criminal/Motor Vehicle

**Application**

I am a self-represented party in the case named above and I want to require the person or entity listed below to testify in this case. I think that the testimony is necessary and ask that the judge or family support magistrate in this case review this application without notice to the other parties in this case. If this case has not been assigned to a specific judge or family support magistrate, I ask that the administrative judge or any judge or family support magistrate designated by the administrative judge review my application without notice to the other parties in this case. If the judge or family support magistrate decides that the subpoena should be issued, I ask the judge or family support magistrate to have the clerk of the court issue the subpoena.

I understand that I have to give any subpoena(s) issued to a state marshal (an individual authorized to serve the person(s) being subpoenaed) or other authorized person and I must pay the state marshal or other authorized person a fee for serving the subpoena(s) unless the court determines that I am financially unable to pay for such expenses.

**To: Self-Represented Party** (answer questions below)

Have you been convicted of a family violence crime (C.G.S. § 46b-38a), risk of injury to children (C.G.S. § 53-21), sexual assault (C.G.S. §§ 53a-70, 53a-70a, 53a-70b, 53a-71, 53a-72a, 53a-72b, or 53a-73a), or stalking (C.G.S. §§ 53a-181c, 53a-181d, or 53a-181e)?

Yes       No

If yes, are you asking to subpoena the victim of your crime?       Yes       No

**Name and address of person or entity I am asking to subpoena:**

Name of person or entity	Address (Number, street, and town)
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I believe testimony from this person or entity is necessary because: (Fill in this box)

I believe that the person or entity will testify that (state what you believe will be said in court):

I want this person or entity ordered to bring the following item(s) to court:

(Continued on next page)

**Type of proceeding I am requesting subpoena for:** *(Select one)*

<input type="checkbox"/>	Trial/hearing scheduled for <i>(Date)</i>	Before Judge <i>(If known)</i>
<input type="checkbox"/>	Pre-judgment remedy hearing scheduled for <i>(Date)</i>	
<input type="checkbox"/>	Short Calendar matter scheduled for <i>(Date)</i>	Before Judge/Magistrate/Hearing Officer <i>(If known)</i>
<input type="checkbox"/>	Family Support Magistrate hearing scheduled for <i>(Date)</i>	
<input type="checkbox"/>	Other <i>(Specify)</i>	

Signed <i>(Self-represented Applicant)</i>	Print name	Telephone Number <i>(Area code first)</i>	Date signed
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**Order**

Having conducted a review of this application pursuant to Practice Book Section 7-19, and having considered the nature of the scheduled proceeding and future opportunities for examination of witnesses, the application is:

- granted.
- denied.

Having granted the application, the clerk of this court is directed to issue the subpoena(s):

- As requested above.
- As requested above, except: \_\_\_\_\_
- As to the following individuals only: \_\_\_\_\_

<b>By the Court</b>	Signed <i>(Judge or Family Support Magistrate)</i>	Date of Order
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For information on ADA accommodations, contact the Centralized ADA Office at 860-706-5310 or go to: [www.jud.ct.gov/ADA/](http://www.jud.ct.gov/ADA/)