

**APPLICATION FOR PERMISSION FOR ATTORNEY TO APPEAR PRO HAC VICE IN A COURT CASE**

JD-CL-141 Rev. 4-23  
P.B. 2-16, 62-8A

STATE OF CONNECTICUT  
JUDICIAL BRANCH  
**SUPERIOR COURT**  
[www.jud.ct.gov](http://www.jud.ct.gov)



**Instructions**

1. Complete this form and attach a completed Affidavit of Attorney Seeking Permission to Appear Pro Hac Vice (JD-CL-143).
2. File as Motion for Permission to Appear Pro Hac Vice (P.B. 2-16) and pay Pro Hac Vice fee, unless P.B. 62-8A (a) applies.

<p>For information on ADA accommodations, contact the Centralized ADA Office at 860-706-5310 or go to: <a href="http://www.jud.ct.gov/ADA/">www.jud.ct.gov/ADA/</a></p>
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Judicial district	Address of court	
Name of case		Docket number

Pursuant to Section 2-16 of the Practice Book, the undersigned, a member in good standing of the Connecticut bar, moves this Court to permit Out-of-State Attorney Applicant \_\_\_\_\_, an attorney who is not a member of the bar of the State of Connecticut, to appear *pro hac vice* on behalf of (*client name*) \_\_\_\_\_ in a proceeding before a court of this state.

In support of this motion, the undersigned Connecticut Attorney represents the following:  
The undersigned is a Connecticut attorney with a law office located at (*include firm name, if applicable*):  
\_\_\_\_\_

The Out-of-State Attorney Applicant has a law office located at (*include firm name, if applicable*):  
\_\_\_\_\_

The Out-of-State Attorney Applicant is a member in good standing of the bar(s) of:  
\_\_\_\_\_  
\_\_\_\_\_

Good cause exists to permit the Out-of-State Attorney Applicant to represent the client named above in the proceeding before the court because:  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned represents that s/he will, unless excused by the judicial authority,

- a. Be present at all proceedings, including depositions.
- b. Sign all pleadings, briefs or other papers filed with the court.
- c. Assume full responsibility for any such filings and for the conduct of the cause or proceeding and of the attorney to whom such privilege is accorded.

**Certification**

I certify that a copy of this document was or will immediately be mailed or delivered electronically or non-electronically on (*date*) \_\_\_\_\_ 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\*

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

Signed ( <i>Signature of filer/Connecticut Attorney</i> )	Print or type name of person signing	E-mail address	Date signed
Mailing address ( <i>Number, street, town, state and zip code</i> )			Telephone number