

**APPLICATION FOR ISSUANCE OF FOREIGN SUBPOENA**

JD-CL-166 Rev. 11-23  
P.B. § 7-19;  
C.G.S. §§ 52-148e, 52-655, 52-657, 52-658, 52-660

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/)

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



**Instructions to Applicant:**

1. Complete this form for foreign subpoenas only.
2. Attach the completed Foreign Subpoena - Civil/Housing/Small Claims/Family (JD-CL-167).
3. Attach an original or true copy of the foreign subpoena.
4. File an Appearance (JD-CL-012).
5. Pay the fee required by C.G.S. § 52-259(l).

**Instructions to Clerk:**

If the applicant 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.

COURT USE ONLY
AIFS

<input type="checkbox"/> Judicial District	<input type="checkbox"/> Housing Session	At
Docket Number (For Clerk use only - leave blank)		Name(s) of Applicant(s)
Additional Applicant(s)		

Type of Court Case	Name of subpoenaed party
<input type="checkbox"/> Civil <input type="checkbox"/> Housing <input type="checkbox"/> Small Claims <input type="checkbox"/> Family	

**Application**

I am a party in a case in a court outside the State of Connecticut and have an order to subpoena the person or entity listed below. I ask a judge to have a 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 for service 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.

I am seeking information related to gender-affirming health care services or reproductive health care services:

Yes  No

**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, town, state, and ZIP code)

Signed (Applicant)	Print name	Telephone Number (Area code first)	Date signed