

**AFFIDAVIT  
LOST BOND RECEIPT**

JD-CL-51 Rev. 8-23

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



**Instructions**

1. Type or print clearly in dark ink.
2. Sign this form under oath in front of a notary, attorney, or court clerk.
3. Submit the completed form to the clerk of court.

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/)

Name of case ( <i>Plaintiff v. Defendant</i> ); In criminal/motor vehicle cases, the Plaintiff is the State of Connecticut			Docket Number
Type of court <input type="checkbox"/> Judicial District	<input type="checkbox"/> Geographical Area number _____	<input type="checkbox"/> Housing Session	Address of court ( <i>Number, street, town and zip code</i> )
Your name ( <i>Affiant</i> )		Your address ( <i>Number, street, town, state and zip</i> )	

Amount of cash bond \$	Date bond posted	Bond receipt number
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**Affidavit of Lost Bond Receipt**

Under oath, I certify that:

1. I currently reside at the address listed above.
2. On the date listed above, I posted the cash bond described above.
3. I have lost the original bond receipt which was presented to me at the time I posted the bond.
4. If I find the original bond receipt, I will not present it for payment.
5. The bond money has not been returned to me.

I certify that the statements above are true to the best of my knowledge and belief.

Identification Supplied	
Type	Number



Signature of Affiant

Subscribed and sworn to before me on:	Date	Signed ( <i>Clerk, Deputy Clerk, Commissioner of Superior Court, Notary Public</i> )
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