

**AFFIDAVIT
LOST BOND RECEIPT**

JD-CL-51 Rev. 8-23

STATE OF CONNECTICUT
JUDICIAL BRANCH
SUPERIOR COURT
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/

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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