

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

JD-CL-141 Rev. 5-17
P.B. 2-16

STATE OF CONNECTICUT
SUPERIOR COURT
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 PB 2-16 and pay Pro Hac Vice fee.

ADA NOTICE

The Judicial Branch of the State of Connecticut complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation in accordance with the ADA, contact a court clerk or an ADA contact person listed at www.jud.ct.gov/ADA.

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