

**APPLICATION FOR  
ISSUANCE OF SUBPOENA  
JUVENILE MATTERS**

JD-JM-150 Rev. 9-20  
C.G.S. § 46b-120;  
P.B. §§ 7-19; 32a-2(c)

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



Court location (Address) \_\_\_\_\_

Docket number \_\_\_\_\_ Name of juvenile \_\_\_\_\_

Case type  
 Child Protection     Delinquency     Emancipation     Other \_\_\_\_\_

**Application**

I am a self-represented party in this matter and seek to compel the attendance of the individual(s) listed below to testify in this case. I believe that the testimony is necessary and request a judge review this application ex parte and, if the judge determines that the issuance of the subpoena(s) is(are) warranted, direct the clerk of the court to issue the subpoena(s).

I understand that I am responsible for arranging for service of the subpoena(s) and that I am responsible for any expenses incurred unless the court determines that I am financially unable to pay.

**Name(s) and address(es) of individual(s) for whom subpoena(s) requested**

<b>1.</b>	Name of individual _____	Address (Number, street, and town) _____
Reason why testimony from individual is necessary _____		
Items which individual must bring to court _____		
<b>2.</b>	Name of individual _____	Address (Number, street, and town) _____
Reason why testimony from individual is necessary _____		
Items which individual must bring to court _____		
<b>3.</b>	Name of individual _____	Address (Number, street, and town) _____
Reason why testimony from individual is necessary _____		
Items which individual must bring to court _____		

**Proceedings for which subpoena(s) requested (Select appropriate box)**

Trial scheduled for (Date) <input type="checkbox"/>	Before Judge (If known) <input type="checkbox"/>	Contested motion/Application hearing scheduled for (Date) <input type="checkbox"/>
Short Calendar matter scheduled for (Date) <input type="checkbox"/>	Before Judge (If known) <input type="checkbox"/>	
Preliminary hearing scheduled for (Date) <input type="checkbox"/>	Other (Specify) <input type="checkbox"/>	
Signed (Self-represented applicant) ▶	Print name _____	Telephone number (Area code first) _____ Date signed _____

**Order**

After review and consideration of this application under sections 7-19 and 32a-2(c) of the Connecticut Practice Book, the application is:

granted.     denied.

The clerk of this court is directed to issue the subpoena(s):

- As requested above.
- As requested above, except: \_\_\_\_\_
- As to the following individuals only: \_\_\_\_\_

<b>By the Court</b>	Signed (Judge) _____	Date of Order _____
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## Request for Hearing on Denied Application

I request a court hearing on the Application for Issuance of Subpoena denied on \_\_\_\_\_ Date \_\_\_\_\_.

Signed (*Applicant*)



Date

Date signed

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HEARING TO BE HELD AT THE COURT LOCATION SHOWN ON THE DATE AND TIME SHOWN BELOW:		
Hearing on ( <i>Date</i> )	At ( <i>Time</i> )	Signed ( <i>Assistant Clerk</i> )

## Order After Hearing

The application is:

Denied.

Granted as follows:

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By the Court (*Print or type name of Judge*)

On (*Date*)

Signed (*Judge, Ass't Clerk*)

Date signed

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