

**NOTICE OF APPLICATION FOR  
PREJUDGMENT REMEDY/CLAIM FOR  
HEARING TO CONTEST APPLICATION  
OR CLAIM EXEMPTION**

JD-CV-53 Rev. 7-01  
C.G.S. §§ 52-278c et seq.

STATE OF CONNECTICUT  
**SUPERIOR COURT**  
www.jud.ct.gov

**INSTRUCTIONS TO PLAINTIFF/APPLICANT**

1. Complete section I in connection with all prejudgment remedies EXCEPT ex parte prejudgment remedies and submit to the Clerk along with your application and other required documents.
2. Upon receipt of signed order for hearing from clerk, serve this form on defendant(s) with other required documents.

COURT USE ONLY	
CLPJRA Application For PJR	CLPJRHG Contest PJR Application (If Section III Completed)

**SECTION I - CASE INFORMATION (To be completed by Plaintiff/Applicant)**

<input type="checkbox"/> Judicial District <input type="checkbox"/> Housing Session <input type="checkbox"/> G.A. No. _____		COURT ADDRESS _____	
Has a temporary restraining order been requested? <input type="checkbox"/> YES <input type="checkbox"/> NO		AMOUNT, LEGAL INTEREST, OR PROPERTY IN DEMAND, EXCLUSIVE OF INTEREST AND COSTS IS ("X" one of the following)	
NAME OF CASE (First-named plaintiff vs. First-named defendant) _____		<input type="checkbox"/> LESS THAN \$2500 <input type="checkbox"/> \$2500 THROUGH \$14,999.99 <input type="checkbox"/> \$15,000 OR MORE ("X" if applicable)	
<input type="checkbox"/> SEE ATTACHED FORM JD-CV-67 FOR CONTINUATION OF PARTIES		<input type="checkbox"/> CLAIMING OTHER RELIEF IN ADDITION TO OR IN LIEU OF MONEY DAMAGES	
CASE TYPE (From Judicial Branch code list) MAJOR: _____ MINOR: _____		NO. COUNTS _____	
NAME AND ADDRESS OF PLAINTIFF/APPLICANT (Person making application for Prejudgment Remedy) (No., street, town and zip code) _____			
NAME(S), ADDRESS(ES) AND TELEPHONE NO(S). OF DEFENDANT(S) AGAINST WHOM PREJUDGMENT REMEDY IS SOUGHT (No., street, town and zip code) (Attach additional sheet if necessary) _____			
NAME AND ADDRESS OF ANY THIRD PERSON HOLDING PROPERTY OF DEFENDANT WHO IS TO BE MADE A GARNISHEE BY PROCESS PREVENTING DISSIPATION _____			



<b>FOR THE PLAINTIFF(S) ENTER THE APPEARANCE OF:</b>	NAME AND ADDRESS OF ATTORNEY, LAW FIRM OR PLAINTIFF IF PRO SE (No., street, town and zip code) _____		
	TELEPHONE NO. _____	JURIS NO. (If atty. or law firm) _____	SIGNED _____

**SECTION II - NOTICE TO DEFENDANT**

You have rights specified in the Connecticut General Statutes, including Chapter 903a, that you may wish to exercise concerning this application for a prejudgment remedy. These rights include the right to a hearing:

- (1) to object to the proposed prejudgment remedy because you have a defense to or set-off against the action or a counterclaim against the plaintiff or because the amount sought in the application for the prejudgment remedy is unreasonably high or because payment of any judgment that may be rendered against you is covered by any insurance that may be available to you;
- (2) to request that the plaintiff post a bond in accordance with section 52-278d of the General Statutes to secure you against any damages that may result from the prejudgment remedy;
- (3) to request that you be allowed to substitute a bond for the prejudgment remedy sought; and
- (4) to show that the property sought to be subjected to the prejudgment remedy is exempt from such a prejudgment remedy.

You may request a hearing to contest the application for a prejudgment remedy, assert any exemption or make a request concerning the posting or substitution of a bond in connection with the prejudgment remedy. **The hearing may be requested by any proper motion or by completing section III below and returning this form to the superior court at the Court Address listed above.**

You have a right to appear and be heard at the hearing on the application to be held at the above court location on:

DATE _____	TIME _____	COURTROOM _____
M.		

**SECTION III - DEFENDANT'S CLAIM AND REQUEST FOR HEARING (To be completed by Defendant)**

I, the defendant named below, request a hearing to contest the application for prejudgment remedy, claim an exemption or request the posting or substitution of a bond. I claim: ("X" the appropriate boxes)

<input type="checkbox"/> that the amount sought in the application for prejudgment remedy is unreasonably high.	<input type="checkbox"/> a defense, counterclaim, set-off, or exemption.
<input type="checkbox"/> that any judgment that may be rendered is adequately secured by insurance.	<input type="checkbox"/> that I be allowed to substitute a bond for the prejudgment remedy.
<input type="checkbox"/> that the plaintiff be required to post a bond to secure me against any damages that may result from the prejudgment remedy.	

I certify that a copy of the above claim was mailed/delivered to the Plaintiff or the Plaintiff's attorney on the Date Mailed/Delivered shown below.

DATE COPY(IES) MAILED/DELIVERED _____	SIGNED (Defendant) _____	DATE SIGNED _____
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TYPE OR PRINT NAME AND ADDRESS OF DEFENDANT _____	DOCKET NO. PJR CV _____
NAME OF EACH PARTY SERVED* _____	ADDRESS AT WHICH SERVICE WAS MADE* _____



FOR COURT USE ONLY

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\*If necessary, attach additional sheet with names of each party served and the address at which service was made.