

**REQUEST FOR HEARING, DENIED
APPLICATION FOR COUNSEL OR
WAIVER OF FEES — JUVENILE**

JD-JM-114A Rev. 11-11
C.G.S. §§ 46b-135, 136, 53a-157b, § 52-259b,
P.A. 11-51, Sec. 19; P.B. §§ 8-2, 30a-1, 32a-1

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



Instructions To Person Applying for Counsel or Waiver of Fees

1. If your application for counsel or waiver of fees is denied you may request a hearing on your application using this form.
2. Print or type all information requested.
3. Sign the Request for Hearing section.
4. Submit this form in person, by mail or fax to the superior court where your case will be filed or is pending.

Instructions To Clerk

1. Upon receipt of this form, schedule a hearing on the application and notify the applicant.
2. After the hearing, give a copy of this form containing the Court Order to the applicant.
3. If the application is granted, notify the applicant and counsel, if appointed.

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.

To: The Superior Court

Name of applicant (Last, first, middle initial)		Date of birth	Address of applicant (Number, street, town, state and zip)		
Name of employer		Address of employer (Number, street, town, state and zip)		Telephone (Area code first)	
Relationship to child <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal guardian <input type="checkbox"/> Other					Telephone (Area code first)
Name of child	Date of birth	Name of child	Date of birth	Name of child	Date of birth
Docket number (If applicable)		Address of Court			
Type of proceeding					
<input type="checkbox"/> Delinquency	<input type="checkbox"/> Termination of parental rights petition	<input type="checkbox"/> Appeal from Juvenile Court Decision			
<input type="checkbox"/> Family with service needs	<input type="checkbox"/> Probate appeal	<input type="checkbox"/> Other (Specify): _____			
<input type="checkbox"/> Emancipation	<input type="checkbox"/> Probate transfer				
<input type="checkbox"/> Neglect, uncared-for, abused petition	<input type="checkbox"/> Transfer/Reinstatement of guardianship				

Request For Hearing On Denied Application

I request a court hearing on the Application for Appointment of Counsel/Waiver of Fees denied on _____ Date

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

Order After Hearing

The Court, having found the applicant ("x" all that apply)

Indigent and unable to pay Not indigent and able to pay hereby orders the application:

Granted as follows:

1. Counsel is

- Appointed
- Appointed in the interests of justice pursuant to Connecticut General Statutes Section 46b-136.
- The applicant is ordered to reimburse the Public Defender Services Commission at its approved rate for the costs of providing an attorney and said costs shall be payable upon receipt of an invoice from the Public Defender Services Commission.

2. The following fees are waived Entry fee Filing fee Other (Specify): _____

3. The following fees are ordered paid by the State Marshal's fee not to exceed \$ _____
 Other (Specify): _____

Denied.

By the Court (Print or type name of Judge)	On (Date)	Signed (Judge, Ass't Clerk)	Date signed
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