

**PERIODIC REVIEW WORKSHEET -  
FEES CHARGED BY COUNSEL OR GUARDIAN AD LITEM**

JD-FM-232 Rev. 12-21  
C.G.S. § 46b-12; P.A. 21-15

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



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REVWORK



|  |                     |
|--|---------------------|
| Name of case ( <i>Plaintiff v. Defendant</i> ) | Docket number       |
| Name of counsel or guardian ad litem           | Date of appointment |

1. An order was made on (*date*) \_\_\_\_\_ stating fees to be paid to counsel/guardian ad litem are allocated as follows:

\_\_\_\_\_ % Plaintiff

\_\_\_\_\_ % Defendant

\_\_\_\_\_ % Other (*3rd party*)

2. Fees paid to counsel/the guardian ad litem to date:

\$ \_\_\_\_\_ Plaintiff

\$ \_\_\_\_\_ Defendant

\$ \_\_\_\_\_ Other (*3rd party*)

3. Fees owed to counsel/the guardian ad litem to date:

\$ \_\_\_\_\_ Plaintiff

\$ \_\_\_\_\_ Defendant

\$ \_\_\_\_\_ Other (*3rd party*)

4. The most recent bill was sent to the parties on (*date*) \_\_\_\_\_.

5. The parties are billed on a  monthly;  quarterly;  semi-annual;

other: \_\_\_\_\_ (*i.e. at court appearances*) basis.

6. Target date for completion (*date*) \_\_\_\_\_.

Signed (*Counsel/Guardian Ad Litem*)

Print name

Date

**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](http://www.jud.ct.gov/ADA).