

**LAW FIRM JURIS NUMBER  
APPLICATION OR CHANGES**

JD-ES-145 Rev. 4-15

**CONNECTICUT JUDICIAL BRANCH**  
OFFICE OF THE CHIEF COURT ADMINISTRATOR  
COURT OPERATIONS DIVISION  
[www.jud.ct.gov](http://www.jud.ct.gov)

*Issuance of a Firm Juris Number does not in any manner whatsoever constitute registration of the law firm with or recognition of such law firm by the Judicial Branch. Firm Juris Numbers are issued only for the convenience of the parties and any information related to such Firm Juris Number, such as the name of the law firm, may be changed at the request of the law firm within its sole discretion, upon the submission of a written request to the address below.*

*Ethical standards regarding law firms may be found, among other sources, in Rule 7.5 of the Rules of Professional Conduct.*

**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).

**Complete section 1 or 2 below and mail completed form to:**

**Court Operations Division, Barmaster Section, 225 Spring St., 2nd Floor, Wethersfield, CT 06109**

**Or scan and email the completed form to: [barmaster@jud.ct.gov](mailto:barmaster@jud.ct.gov)**

**Section 1 — Application For Firm Juris Number**

Name of law firm for which Firm Juris Number is sought	Office telephone number (with area code)
Street address of Firm (Number Street, Post Office Box)	
Town, state and zip + 4 (If known)	

I, the undersigned, apply for the issuance of a Firm Juris Number for the law firm listed above. I certify that I am a member of the Connecticut Bar, in good standing, and am employed by the firm for which I am applying for the issuance of a Firm Juris Number.

I understand that the submission of this form does not constitute an attorney registration pursuant to Practice Book § 2-27(d) and that I must separately comply with the requirement of that section through e-services at <http://eservices.jud.ct.gov>.

I further understand that I have an obligation to notify the Court Operations Division at the above address in the event my association with the law firm is terminated and if at that time no Connecticut attorney remains associated with the firm.

Name of attorney (Print or type)	Signature of attorney	Date signed	Individual Juris Number
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**Section 2 — Changes To Information Regarding Existing Firm Juris Number**

Make change(s) to the information regarding the following Firm Juris Number:

Existing Firm Juris Number

"X" all that apply and complete the required information

**Change in firm name**

Current name of law firm

New name of law firm

**Change in firm address**

Current address of law firm

New address of law firm

**Change in office telephone number**

Current office telephone number (with area code)

New office telephone number (with area code)

I, the undersigned, request that the information regarding the above Firm Juris Number be changed as shown.

Name of attorney (Print or type)	Signature of attorney	Date signed	Individual Juris Number
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**Note:** Any changes to an *Individual Juris Number* should be done through e-services at <https://eservices.jud.ct.gov>.