

**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

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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.