

**APPLICATION  
FOR ISSUANCE OF SUBPOENA**

JD-CL-136 Rev. 1-17  
P.B. § 7-19; C.G.S. § 52-161b

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



**Note to Applicant:**

If you submit this application and it is denied in whole or in part, you may submit a *Request for Hearing on Denied Application for Issuance of Subpoena* (form JD-CL-137).

**Instructions to Clerk:**

*If a self-represented applicant in any Civil, Family, Family Support Magistrate or Housing case has been convicted of a family violence crime or of any of the other statutes listed in the Application section and is seeking to subpoena the victim of such crime, schedule a hearing and give the applicant notice of the date, time and location of the hearing. Do not schedule such hearings for Criminal matters.*

COURT USE ONLY

AISBPPP



<input type="checkbox"/> Judicial District	<input type="checkbox"/> Housing Session	<input type="checkbox"/> Geographical Area	At
Docket Number		Name of Case	

Type of Court Case	<input type="checkbox"/> Civil	<input type="checkbox"/> Housing	<input type="checkbox"/> Family	<input type="checkbox"/> Family Support Magistrate	<input type="checkbox"/> Criminal/Motor Vehicle
--------------------	--------------------------------	----------------------------------	---------------------------------	--	---

**Application**

I am a self-represented party in the case named above and I want to require the person or people listed below to testify in this case. I think that the testimony is necessary and ask that the judge or family support magistrate in this case review this application without notice to the other parties in this case. If this case has not been assigned to a specific judge or family support magistrate, I ask that the administrative judge or any judge or family support magistrate designated by the administrative judge review my application without notice to the other parties in this case. If the judge or family support magistrate decides that the subpoena(s) should be issued, I ask the judge or family support magistrate to have the clerk of the court issue the subpoena(s).

I understand that I have to give any subpoena(s) issued to a state marshal (an individual authorized to serve the person(s) being subpoenaed) or other authorized person and I must pay the state marshal or other authorized person a fee for serving the subpoena(s) unless the court determines that I am financially unable to pay for such expenses.

**To Applicant:** (Answer the questions below unless the case that you want to subpoena a witness for is a criminal case in which you are the defendant. If you are the defendant in a criminal case, skip to the next section.)

State whether you have been convicted of a family violence crime (C.G.S. § 46b-38a), risk of injury to children (C.G.S. § 53-21), sexual assault (C.G.S. §§ 53a-70, 53a-70a, 53a-70b, 53a-71, 53a-72a, 53a-72b or 53a-73a), or stalking (C.G.S. §§ 53a-181c, 53a-181d or 53a-181e.) ☐ Yes ☐ No

If yes, are you asking to subpoena the victim of your crime? ☐ Yes ☐ No

**Name(s) and Address(es) of Person or People I am Asking to Subpoena**

1.	Name of person	Address (Number, street, and town)
I believe testimony from this person is necessary because: (Fill in this box)		
I believe that the person will testify that (state what you believe the person will say in court):		
I want this person ordered to bring the following item(s) to Court:		
2.	Name of person	Address (Number, street, and town)
I believe testimony from this person is necessary because (Fill in this box)		
I believe that the person will testify that (state what you believe the person will say in court):		
I want this person ordered to bring the following item(s) to Court		

(Continued on next page)

**Type of Proceeding(s) I am Requesting Subpoena(s) For** ("X" appropriate box)

<input type="checkbox"/>	Trial/hearing scheduled for (Date)	Before Judge (If known)
<input type="checkbox"/>	Pre-judgment remedy hearing scheduled for (Date)	
<input type="checkbox"/>	Short Calendar matter scheduled for (Date)	Before Judge/Magistrate/Hearing Officer (If known)
<input type="checkbox"/>	Family Support Magistrate hearing scheduled for (Date)	
<input type="checkbox"/>	Other (Specify)	

Signed (Self-represented Applicant) ▶	Print name	Telephone Number (Area code first)	Date signed
--	------------	------------------------------------	-------------

**Order**

Having conducted a review of this application pursuant to Practice Book Section 7-19, and having considered the nature of the scheduled proceeding and future opportunities for examination of witnesses, the application is:

☐ granted.☐ denied.

Having granted the application, the clerk of this court is directed to issue the subpoena(s):

☐ As requested above.☐ As requested above, except: \_\_\_\_\_☐ As to the following individuals only: \_\_\_\_\_

By the Court	Signed (Judge or Family Support Magistrate)	Date of Order
--------------	---	---------------

JD-CL-136 Rev. 1-17

**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).