CERTIFICATE OF TRANSFER/REFERRAL FILE RECEIPT

JD-JM-155 Rev. 12-17

STATE OF CONNECTICUT
SUPERIOR COURT
For Use in Juvenile Matters Only

Instructions

To Sending Clerk
1. Type or print legibly.
2. Send original and one copy with file; retain copy.

To Receiving Clerk
1. Sign receipt at bottom.
2. Return original to sending clerk's office; retain copy.

Name(s) of Children	Name of child	Date of birth	Docket number
	Name of child	Date of birth	Docket number
	Name of child	Date of birth	Docket number
	Name of child	Date of birth	Docket number
	Name of child	Date of birth	Docket number

To:
☐ Judicial District ☐ Geographical Area number _____ ☐ Superior Court Juvenile Matters ☐ Child Protection session at: _____

Address of Court *(Number, street, and town)*

From:
Superior Court, Juvenile Matters

Address of Court *(Number, street, and town)*

Person sending file *(Type or print name)* | Date sent

Number of files | Additional materials ☐ Exhibits ☐ Transcripts ☐ Other *(Specify):* _____

Certificate Of Transfer/Referral

This is to certify that the attached file has been ordered transferred/referred and is the original file and papers in the above-captioned case: *("X" type of transfer below)*

☐ For full disposition. *(File to be retained by receiving court)*

☐ For hearing or trial of issue(s) only. *(File to be returned to sending court upon completion)*

☐ Other *(Specify)*

Date transfer/referral ordered	Name of Judge	Signed *(Judge, Assistant Clerk)*	Date signed

File Receipt

The file for the above-captioned case has been received by the Clerk's Office indicated above.

Docket number(s) *(Assigned by receiving court)*

Person receiving file *(Type or print name)* | Date received

Notes/Comments

FOR COURT USE ONLY

File date