

**APPLICATION FOR
ISSUANCE OF SUBPOENA
JUVENILE MATTERS**

JD-JM-150 Rev. 9-20
C.G.S. § 46b-120;
P.B. §§ 7-19; 32a-2(c)

For information on ADA
accommodations,
contact a court clerk or go to:
www.jud.ct.gov/ADA.

COURT USE ONLY
AISBPPP



STATE OF CONNECTICUT
SUPERIOR COURT
JUVENILE MATTERS
www.jud.ct.gov



Court location (Address)

Docket number _____ Name of juvenile _____

Case type

Child Protection Delinquency Emancipation Other _____

Application

I am a self-represented party in this matter and seek to compel the attendance of the individual(s) listed below to testify in this case. I believe that the testimony is necessary and request a judge review this application ex parte and, if the judge determines that the issuance of the subpoena(s) is(are) warranted, direct the clerk of the court to issue the subpoena(s).

I understand that I am responsible for arranging for service of the subpoena(s) and that I am responsible for any expenses incurred unless the court determines that I am financially unable to pay.

Name(s) and address(es) of individual(s) for whom subpoena(s) requested

1.	Name of individual	Address (Number, street, and town)
Reason why testimony from individual is necessary		
Items which individual must bring to court		
2.	Name of individual	Address (Number, street, and town)
Reason why testimony from individual is necessary		
Items which individual must bring to court		
3.	Name of individual	Address (Number, street, and town)
Reason why testimony from individual is necessary		
Items which individual must bring to court		

Proceedings for which subpoena(s) requested (Select appropriate box)

Trial scheduled for (Date)	Before Judge (If known)	Contested motion/Application hearing scheduled for (Date)
<input type="checkbox"/>		<input type="checkbox"/>
Short Calendar matter scheduled for (Date)	Before Judge (If known)	
<input type="checkbox"/>		
Preliminary hearing scheduled for (Date)	Other (Specify)	
<input type="checkbox"/>	<input type="checkbox"/>	
Signed (Self-represented applicant)	Print name	Telephone number (Area code first)
		Date signed

Order

After review and consideration of this application under sections 7-19 and 32a-2(c) of the Connecticut Practice Book, the application is:
 granted. denied.

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)	Date of Order
--------------	----------------	---------------

(Continued on next page)

Request for Hearing on Denied Application

I request a court hearing on the Application for Issuance of Subpoena denied on _____.

Signed (*Applicant*)

Date

Date signed



HEARING TO BE HELD AT THE COURT LOCATION SHOWN ON THE DATE AND TIME SHOWN BELOW:		
Hearing on (<i>Date</i>)	At (<i>Time</i>)	Signed (<i>Assistant Clerk</i>)

Order After Hearing

The application is:

- Denied.
- Granted as follows:

By the Court (<i>Print or type name of Judge</i>)	On (<i>Date</i>)	Signed (<i>Judge, Ass't Clerk</i>)	Date signed
---	--------------------	--------------------------------------	-------------