

APPLICATION FOR PERMISSION FOR ATTORNEY TO APPEAR PRO HAC VICE IN A COURT CASE

JD-CL-141 Rev. 5-17
P.B. 2-16

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



Instructions

1. Complete this form and attach a completed Affidavit of Attorney Seeking Permission to Appear Pro Hac Vice (JD-CL-143).
2. File as Motion for Permission to Appear Pro Hac Vice PB 2-16 and pay Pro Hac Vice fee.

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.

Judicial district	Address of court	
Name of case		Docket number

Pursuant to Section 2-16 of the Practice Book, the undersigned, a member in good standing of the Connecticut bar, moves this Court to permit Out-of-State Attorney Applicant _____, an attorney who is not a member of the bar of the State of Connecticut, to appear *pro hac vice* on behalf of (client name) _____ in a proceeding before a court of this state.

In support of this motion, the undersigned Connecticut Attorney represents the following:
The undersigned is a Connecticut attorney with a law office located at (include firm name, if applicable): _____

The Out-of-State Attorney Applicant has a law office located at (include firm name, if applicable): _____

The Out-of-State Attorney Applicant is a member in good standing of the bar(s) of: _____

Good cause exists to permit the Out-of-State Attorney Applicant to represent the client named above in the proceeding before the court because:

- The undersigned represents that s/he will, unless excused by the judicial authority,
- a. Be present at all proceedings, including depositions.
 - b. Sign all pleadings, briefs or other papers filed with the court.
 - c. Assume full responsibility for any such filings and for the conduct of the cause or proceeding and of the attorney to whom such privilege is accorded.

Certification

I certify that a copy of this document was or will immediately be mailed or delivered electronically or non-electronically on (date) _____ to all attorneys and self-represented parties of record and that written consent for electronic delivery was received from all attorneys and self-represented parties receiving electronic delivery.

Name and address of each party and attorney that copy was mailed or delivered to*

*If necessary, attach additional sheet or sheets with name and address which the copy was mailed or delivered to.

Signed (Signature of filer/Connecticut Attorney)	Print or type name of person signing	Date signed
Mailing address (Number, street, town, state and zip code)		Telephone number