



**Section 2: Claims of Unconstitutional Conditions of Confinement**

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Specific condition(s) you are seeking relief from:

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Describe why you believe each condition is unconstitutional:

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What other relief/remedies have you sought and/or obtained from the condition(s) above:

**Section 3: Previous Action**

Have any of the claims raised in this petition been previously raised ANYWHERE?  Yes  No

If "Yes," list the court, docket number, and outcome for EACH action.

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#### **Section 4: Relief Requested**

I am asking the Court to: *(State specifically the relief you are requesting)*

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**OATH AND AFFIRMATION**

I, \_\_\_\_\_ solemnly and sincerely affirm and declare that the statements contained herein are true to the best of my knowledge and belief, upon the pains and penalties of perjury or false statement.

\_\_\_\_\_  
Signature of Petitioner

State of Connecticut, County of \_\_\_\_\_, being duly sworn, states that the above information is true to the best of their knowledge.

\_\_\_\_\_  
Date Notarized

\_\_\_\_\_  
Notary Public / Commissioner of the Court /  
Person authorized under General Statutes § 1-24

\_\_\_\_\_  
Date my commission expires

**NOTES**

1. This petition must be signed and notarized on this page and on the following page, or this petition will be rejected and returned to you by the clerk.
2. You must file an original and one copy with the Clerk.

**APPLICATION FOR WAIVER OF COSTS AND FEES**

I, \_\_\_\_\_ the petitioner herein, am without funds and am unable to pay court fees and costs. I have \_\_\_\_\_ in my prison account and total assets valued at approximately \_\_\_\_\_. I ask the court to waive fees and costs having to do with this petition. I also understand that any false statement in this petition could result in a conviction for false statement (General Statutes § 53a-157).

\_\_\_\_\_  
Signature of Petitioner

State of Connecticut, County of \_\_\_\_\_, being duly sworn, states that the above information is true to the best of their knowledge.

\_\_\_\_\_  
Date Notarized

\_\_\_\_\_  
Notary Public / Commissioner of the Court /  
Person authorized under General Statutes § 1-24

\_\_\_\_\_  
Date my commission expires

**ORDER**

**Waiver of Costs and Fees**

GRANTED

DENIED

<b>By the Court</b>	Signed ( <i>Judge/Clerk</i> )	On Date
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