

**AFFIDAVIT
LOST BOND RECEIPT**

JD-CL-51 Rev. 1-99

**STATE OF CONNECTICUT
SUPERIOR COURT**

INSTRUCTIONS

1. Prepare on typewriter or print legibly.
2. Submit original to clerk of court.

NAME OF CASE (Plaintiff v. Defendant)		DOCKET NO.	
TYPE OF COURT	ADDRESS OF COURT (No., Street and Town)		DATE
<input type="checkbox"/> JUDICIAL DISTRICT	<input type="checkbox"/> G.A. NO. _____		
YOUR NAME (Affiant)		YOUR ADDRESS (No., Street, Town, State and Zip)	

AMOUNT OF CASH BOND \$	DATE POSTED	BOND PAGE NO.
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AFFIDAVIT OF LOST BOND RECEIPT

The above-described individual personally appeared before me and, after being duly sworn, deposes as follows:

1. I currently reside at the address indicated above and on the above date I posted a cash bond in the amount shown in connection with the case named above.
2. I have lost the original bond receipt which was presented to me at the time I posted the bond. In the event the original bond receipt is found I will not present it for payment.

The bond money has not been returned to me.

I hereby certify that the foregoing statements are true to the best of my knowledge and belief.

IDENTIFICATION SUPPLIED	
TYPE	NUMBER

X

SIGNATURE OF AFFIANT

Subscribed and sworn to before me on:	DATE	SIGNED (Clerk, Deputy Clerk, Commissioner of Superior Court, Notary Public)
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