REQUEST FOR NONDISCLOSURE OF LOCATION INFORMATION

JD-FM-188 New 7-2000 P.A. 00-191, §13 STATE OF CONNECTICUT SUPERIOR COURT www.jud.state.ct.us

INSTRUCTIONS TO PARTY

Complete the information below if you believe that disclosure of location information would jeopardize you and/or your child(ren)'s health, safety or liberty.

- 2. You must swear that your statement is true and sign it in front of a court clerk, a notary public or an attorney who will also sign and date it.
- 3. Keep a copy for your records.
- 4. Do not file anything further with the court containing location information other than to report a change in your mailing address.

INSTRUCTIONS TO CLERK

- Seal any location information except disclosable mailing address.
- Do not disclose the location information to the public, including anyone involved in the case, except by order of the court after hearing.

NAME OF CASE	DOCKET NO. (If known)
PLAINTIFF'S NAME (First, middle initial, last) DEFENDANT'S NAME (First, mid	Idla initial Jast)
DELETER WITCH THE CONTROL OF THE CON	are illust, lasty
I, the above-named <i>(check one)</i>	that no location information
contained in this case pertaining to <i>(check one or both)</i> \square myself \square my child	d(ren) be disclosed to anyone
including parties to this case and that this information be sealed.	
I believe that the health, safety or liberty of <i>(check one or both)</i> myself	
my child(ren) (specify names)	
would be jeopardized by disclosure of that information. I am providing the following mailing address in order to receive future notices. <i>I under public information</i> .	stand that this address will be
FULL MAILING ADDRESS: (Public Information)	
NOTICE TO APPLICANT: DO NOT FILE ANY PAPERWORK WITH THE COURT THAT ANY LOCATION INFORMATION IN ANY FURTHER PLEAD THAN TO REPORT A CHANGE IN YOUR MAILING ADDRES	INGS OTHER
I hereby certify that the foregoing statements are true to the best of my knowledge and belief SUBSCRIBED AND SWORN TO BEFORE ME (Asst. Clerk, Comm. of Superior Court, Notary Public)	PRINT NAME OF PERSON SIGNING DATE SIGNED