REQUEST FOR NONDISCLOSURE
OF LOCATION INFORMATION

JD-FM-188 New 7-2000
P.A. 00-191, §13

<div align="right">

STATE OF CONNECTICUT
SUPERIOR COURT
www.jud.state.ct.us

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NAME OF CASE	DOCKET NO. *(If known)*

PLAINTIFF'S NAME *(First, middle initial, last)*	DEFENDANT'S NAME *(First, middle initial, last)*

I, the above-named *(check one)* ☐ plaintiff ☐ defendant request that no location information

contained in this case pertaining to *(check one or both)* ☐ myself ☐ my child(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 *(check one or both)*

☐ 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 understand that this address will be public information.***

FULL MAILING ADDRESS:
(Public Information)

NOTICE TO APPLICANT:

DO NOT FILE ANY PAPERWORK WITH THE COURT THAT CONTAINS ANY LOCATION INFORMATION IN ANY FURTHER PLEADINGS OTHER THAN TO REPORT A CHANGE IN YOUR MAILING ADDRESS.

I hereby certify that the foregoing statements are true to the best of my knowledge and belief	SIGNATURE	PRINT NAME OF PERSON SIGNING
SUBSCRIBED AND SWORN TO BEFORE ME *(Asst. Clerk, Comm. of Superior Court, Notary Public)*		DATE SIGNED

DISTRIBUTION: ORIGINAL - FOR THE COURT   COPY - FOR YOUR RECORDS