

**AFFIDAVIT  
LOST BOND RECEIPT**

JD-CL-51 Rev. 1-99

**STATE OF CONNECTICUT  
SUPERIOR COURT**

*www.jud.state.ct.us*

**INSTRUCTIONS**

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

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

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.
3. 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 ( <i>Clerk, Deputy Clerk, Commissioner of Superior Court, Notary Public</i> )
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