AFFIDAVIT CONCERNING MILITARY SERVICE - JUVENILE MATTERS

JD-JM-172 Rev. 1-22 P.A. 21-15; P.B. § 17-21



For information on ADA accommodations, contact a court clerk or go to: www.jud.ct.gov/ADA.

Instructions to Petitioner

- (1) This form must be filed in every juvenile matters case in which there is a nonappearing respondent in addition to any other required affidavits.
- (2) Complete the form, swear that your statement is true and sign it in front of a notary public or a commissioner of the Superior Court.
- (3) File the original with the clerk and keep a copy for yourself.

Explanation: the purpose of this affidavit is to protect men and women serving in the U.S. Military from getting a court judgment against them without first receiving notice of the action and having an opportunity to respond. The affidavit gives the Court the necessary facts to find that the respondent is not in the U.S. Military.

Address of court	Telephone number	Docket number	
Name and address of child/youth	•	•	Date of birth
Name and address of parent			
Name and address of parent			
Name and address of parent			
Name and address of legal guardian			
I certify that the following is true with respect to the respondent			
(Select all that apply and complete):			
the respondent's whereabouts is unknown and a diligent search has been conducted for his/her location.			
the respondent's whereabouts is unknown and a unigent search has been conducted for his/her location.			
the respondent is in the U.S. Military.			
the respondent is not in the U.S. Military. I know this because:			
☐ the respondent is working at:			
the respondent currently lives at:			
The state of the s			
other (state reasons):			
A search for military status was conducted on the public website https://www.dmdc.osd.mil/scra/owa/home . A copy of the			
report is attached to this affidavit.			
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Letters were sent on to the 4 branches of the armed services. Responses are attached or			
(Date)			
,			
remain pending for the following branches: Army	☐ Navy ☐ Air Force	e 🔃 Marine Cor	ps
By duly authorized agency representative: Signature, if not agency:			
Signed (Duly authorized representative)	Signed		
Print or type name of person signing above	Print or type name of person signing above		
Signed and sworn to before me (Assistant Clerk/Notary Public/Commissioner of Superior Co	ourt) At (Town, State)		On (Date)
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