State of Connecticut
Commission on Child Protection

http://www.ct.gov/ccpa/site/default.asp

Juvenile Matters Initial 30 Hours Report Form

Case Name	Case Type	Docket # or #'s

Name, Address and juris # of Individual Attorney (First, Last)	

Name of Person Representing or Mother's Name (Last, First)	Client Code	Court Location

Month/Day/Year	Log of Detailed Daily Activities Include Court Appearances, and Non-Court Time	Number of Hours Worked on Case (To the nearest 1/10)
	TOTAL HOURS	0.0

Form# CCPA-IH-2 rev 6/07

Date:	Signature or Approved Symbol:

The representations contained herein are made under the penalties of false statement. If this form is completed and mailed via internet the acceptance of the form will serve as formal signature.
I hereby certify that all information contained herein is true and accurate to the best of my knowledge. I understand that submission of a request for payment containing knowingly false statements subject me to all penalties associated w such false statements.