



Commission On Child Protection

State of Connecticut
Office of the Chief Child Protection Attorney

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Hartford, CT 06106
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CAROLYN SIGNORELLI
CHIEF CHILD PROTECTION ATTORNEY

Prior Approval Request Form

Request for: Travel

Name of Attorney:

Date of Request:

Case Name:

Juvenile Court Location: Pick from list

Family Court Location Pick from list

Docket#:

Current Status of Case:

Travel	Experts	Transcripts	Other
Travel to: Dates of Travel:	Name of Expert Witness: [Redacted] Title: [Redacted] Start Date: [Redacted] End Date: [Redacted]	Reason for requiring transcripts: Hearing Date(s):	Please list other requests:
Detailed anticipated travel costs in dollars (flight, hotel, cars, etc.)	Proposed Fee: [Redacted] Reason for Request: [Redacted]	Proposed Fee?	Estimated Cost: [Redacted]

Approved
Date:

Not Approved
Date:

Comments/reimbursable amount:

Save and Send to: Carolyn.signorelli@jud.ct.gov