



Office of Chief Public Defender  
*Child Protection*

30 Trinity Street, 4th floor  
Hartford, CT 06106  
Tel: 860 509-6486 / Fax: 860 509-6495

John Day, Esquire  
Director of Assigned Counsel

Prior Approval Over Hours Request Form

Request for: \_\_\_\_\_ Date of request: \_\_\_\_\_

Name of Attorney: \_\_\_\_\_ Date Assigned: \_\_\_\_\_

Fax Number you can be reached at: \_\_\_\_\_

Juvenile Court Location: \_\_\_\_\_

Case Name and type: \_\_\_\_\_ Docket#: \_\_\_\_\_

Current Procedural Status of Case: \_\_\_\_\_

Case Goal: \_\_\_\_\_

Severity of Case/Complicating Factors: \_\_\_\_\_

How many out of court visits with your client have you completed? \_\_\_\_\_

How many TPC have you attended? \_\_\_\_\_ Dates: \_\_\_\_\_

How many ACR's have you attended? \_\_\_\_\_ Dates: \_\_\_\_\_

How many Educational PPT's have you attended? \_\_\_\_\_ Dates: \_\_\_\_\_

How many other out of court meetings have you attended? \_\_\_\_\_

Provide Details including dates & locations:

Trials Conducted? \_\_\_\_\_

Days of trial? \_\_\_\_\_

Approved  Date: \_\_\_\_\_

Not Approved  Date: \_\_\_\_\_