

**AFFIDAVIT CONCERNING MILITARY SERVICE — JUVENILE MATTERS**

JD-JM-172 New 12-08  
P.B. § 17-21

**STATE OF CONNECTICUT  
SUPERIOR COURT  
JUVENILE MATTERS**



www.jud.ct.gov

**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 Mother		
Name and Address of Father		
Name and Address of Legal Guardian		

I certify that the following is true with respect to the respondent \_\_\_\_\_  
(check all that apply and complete):

- the respondent's whereabouts is unknown and a diligent 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: \_\_\_\_\_
  - 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.
- Letters were sent on \_\_\_\_\_ (Date) to the 4 branches of the armed services. Responses are attached or remain pending for the following branches:
  - Army
  - Navy
  - Air Force
  - Marine Corps

**By duly authorized agency representative:**

Signed (Duly authorized representative)
Print or Type Name of Person Signing Above

**Signature, if not agency:**

Signed
Print or Type Name of Person Signing Above

Signed and Sworn to before me (Assistant Clerk/Notary Public/Commissioner of Superior Court)	At (Town, State)	On (Date)
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