

SERVICE OF PROCESS UPON
THE DEPARTMENT OF MOTOR VEHICLES
 J-24 Rev. 2-2012

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
 TELEPHONE NUMBER: 1-800-842-8222
 On The Web At ct.gov/dmv



INSTRUCTIONS

1. Print or type clearly.
2. Specify WRIT, SUBPOENA, or OTHER.
3. List defendant's name(s) and fill in amount, indicated below.
4. Make check payable to "DMV" DO NOT STAPLE check to this form.

TYPE OF SERVICE

- WRIT** **SUBPOENA** (*No Fee*) **OTHER** (*Specify*)
- Service for nonresident in action for negligent operation of motor vehicle: \$20**
- Service for motor vehicle owner or operator not found at his/her CT recorded address: \$50**

	DEFENDANT'S NAME	AMOUNT
1		
2		
3		
4		
5		
TOTAL		
	DMV USE ONLY	AMOUNT RECEIVED

DMV VALIDATION ABOVE

REQUESTER: *Print or Type Your Name, Title, and Address (including Zip Code)*

NAME OF REQUESTER		TITLE	
ADDRESS	(Number and Street)	(City or Town)	(State) (Zip Code)