Date

Provider Name

Agency

Address

Re: Child Client Name (dob)

Dear Provider Name,

I am the court appointed attorney for **Child Client**. There is a petition in Superior Court for Juvenile Matters alleging that **Child’s** parent or guardian has abused, neglected, or caused the child to be uncared for. I am writing to request a copy of the **Medical Records**, **Education** **Records**, **Mental Health Records**, **etc.** for **Child Client** from **date** to the present.

Pursuant to Conn. Gen. Stat. §46b-129a(2)(A), I am entitled to otherwise confidential records relating to my client without the need to secure releases from **Child Client’s** parents or the Department of Children and Families.

Enclosed please find my notice of appointment from the Office of Chief Public Defender, Child Protection Unit.

I would appreciate receiving the above information by **Date.** I can be reached at **Phone #** if you have any questions about this request.

Thank you for your assistance in the matter.

Sincerely,

**Attorney Name**

Attorney for **Child Client**

Enclosure

CCA 2018