

Sample 2a - Motion for Modification

MOTION FOR MODIFICATION

JD-FM-174 Rev. 1-06
C.G.S. § 46b-86, P.B. §§ 25-26, 25-30, 25-57, 25-65

STATE OF CONNECTICUT

SUPERIOR COURT

www.jud.ct.gov

COURT USE ONLY

MFMOD



(Check one)

☐ Before judgment ☐ After judgment (If you are asking the court to modify a final judgment of custody or visitation order and/or a parental responsibility plan, you must attach a Request for Leave form (JD-FM-202) to this motion and complete the SWORN STATEMENT section on page 2.)

JUDICIAL DISTRICT OF (where judgment entered)	AT (Town) (city where courthouse located)	DOCKET NO. (from divor. papers)
PLAINTIFF'S NAME (Last, first, middle initial) (get from your divorce papers)	DEFENDANT'S NAME (Last, first, middle initial) (get from your divorce papers)	
PLAINTIFF'S ADDRESS (No. street, city, state, zip code) (enter plaintiff's address)	DEFENDANT'S ADDRESS (No. street, city, state, zip code) (enter defendant's address)	
TYPE OF MOTION TO MODIFY		
<input type="checkbox"/> CHILD SUPPORT <input type="checkbox"/> ALIMONY <input type="checkbox"/> CUSTODY <input type="checkbox"/> VISITATION <input type="checkbox"/> PARENTAL RESPONSIBILITY PLAN <input checked="" type="checkbox"/> OTHER (Specify): <u>restore maiden name</u>		

I am the ☐ PLAINTIFF ☐ DEFENDANT. I respectfully represent that:

1. This Court issued an order dated enter date directing the ☐ plaintiff ☐ defendant to:
(Complete all that apply)

PAY CHILD SUPPORT IN THE AMOUNT OF: PER	PAY ALIMONY IN THE AMOUNT OF: PER	HAVE CUSTODY OF THE CHILD/CHILDREN: (Check one) <input type="checkbox"/> JOINT <input type="checkbox"/> SOLE
HAVE VISITATION OR PARENTING TIME AS FOLLOWS: (Attach a copy of the visitation schedule if available)		PRIMARY RESIDENCE WITH
OTHER:		

2. (Check appropriate box(es) and explain briefly why you are seeking a modification)

- ☐ Since the date of the order, the circumstances concerning this case have changed substantially as follows:

☐ The final order for child support is substantially different from the Child Support Guidelines as follows:

I ask the Court to modify the current order as follows: (check all that apply)

(You must file a Financial Affidavit (JD-FM-6) at least 5 days before the hearing. You must file an Affidavit Concerning Children (JD-FM-164) before the Court will act, and a completed child support and arrearage guidelines worksheet and an Advisement of Rights Re: Income Withholding (JD-FM-71) at the hearing.)

CHILD SUPPORT ☐ Increase ☐ Decrease the amount of child support to be paid. ☐ Order immediate income withholding.

ALIMONY (You must file a Financial Affidavit (JD-FM-6) at least 5 days before the hearing. You must file an Advisement of Rights Re: Income Withholding (JD-FM-71) at the hearing.)

☐ Increase ☐ Decrease the amount of alimony to be paid.

CUSTODY (If after judgment, you must attach a completed Request for Leave (JD-FM-202) to this motion. You must file a Financial Affidavit (JD-FM-6) and a completed child support and arrearage guidelines worksheet at the hearing. You must file an Affidavit Concerning Children (JD-FM-164) before the Court will act.)

☐ Modify custody as follows:

VISITATION (If after judgment, you must attach a completed Request for Leave (JD-FM-202) to this motion. You must file a Financial Affidavit (JD-FM-6) at the hearing. You must file an Affidavit Concerning Children (JD-FM-164) before the Court will act. You must file a completed child support and arrearage guidelines worksheet at the hearing.)

☐ Modify visitation (parenting time) as follows:

PARENTAL RESPONSIBILITY PLAN (If after judgment, you must attach a completed Request for Leave (JD-FM-202) to this motion.)

☐ Modify parental responsibility plan as follows:

OTHER (Please be specific):

☒ To restore my birth name of (insert your birth name)

SIGNATURE	PRINT NAME (print your name)	DATE SIGNED
ADDRESS (No. street, city, state, zip code) (print your address)		TELEPHONE (Area code first) (your phone)

(Continued on Back/Page 2)

Check appropriate court: ☐ Superior Court ☐ Family Support Magistrate Division

Sample 2b (back)

PLAINTIFF'S NAME (Last, first, middle initial)	DEFENDANT'S NAME (Last, first, middle initial)	DOCKET NO.
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NOTE: If you are now or have ever been a recipient of state assistance, you must send a copy of this motion to: The Office of the Attorney General, 55 Elm Street, Hartford, CT 06106

SWORN STATEMENT

(Complete only if you are asking the court to modify a final order of custody or visitation and/or parental responsibility plan.)

I certify that the factual and legal basis for the modification is true and accurate to the best of my knowledge and belief.

SIGNED (Moving party or other person having personal knowledge of the facts recited herein)

Subscribed and sworn to before me on:	DATE	SIGNED (Notary, Comm. of Superior Court, Assistant Clerk)
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CERTIFICATION

I certify that I mailed or delivered a copy of this motion to:	NAME*	DATE MAILED/DELIVERED
ADDRESS (No. street, city, state, zip code)*		

SIGNATURE	PRINT NAME	DATE SIGNED
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*If necessary, attach additional sheet with name of each party served and the address at which service was made.

ORDER FOR HEARING AND SUMMONS (To be completed by clerk, if applicable)

The Court orders that a hearing be held at the time and place shown below. The Court also orders the ☐ plaintiff ☐ defendant to give notice to the opposing party of the Motion and of the time and place where the court will hear it, by having a true and attested copy of the Motion and this Order served on the opposing party by any proper officer at least **12 days** before the date of the hearing. Proof of service shall be made to this Court at least **six days** before the date of hearing.

HEARING TO BE HELD AT →	SUPERIOR COURT, JUDICIAL DISTRICT OF	DATE	
	COURT ADDRESS	ROOM NO.	TIME

TO ANY PROPER OFFICER:

By the Authority of the State of Connecticut, you must serve a true and attested copy of the above Motion and Order For Hearing on the below named person in one of the ways required by law at least **12 days** before the date of the hearing, and file proof of service with this Court at least **six days** before the hearing.

PERSON TO BE SERVED	ADDRESS	
BY THE COURT	J./F.S.M.	ASSISTANT CLERK
		DATE SIGNED

ORDER

The court has heard this motion and orders it ☐ GRANTED ☐ DENIED.

BY THE COURT (Judge/FSM/ Assistant Clerk)	DATE ORDERED
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FOR COURT USE ONLY

FEE FOR MOTION TO MODIFY: ☐ PAID ☐ WAIVED