

A PUBLICATION OF
THE JUDICIAL BRANCH
STATE OF CONNECTICUT



Do It Yourself
**DIVORCE GUIDE
SUPPLEMENT**

(To be used with the Do It Yourself Divorce Guide)

Disclaimer: This booklet was written by the Connecticut Judicial Branch as a public service. It is based on the Connecticut General Statutes and Connecticut Practice Book in effect at the time of publication. This booklet is not intended to take the place of legal advice from a Connecticut attorney. You are solely responsible for any actions you take on your own behalf. Court staff may assist you with procedural questions; however, court staff cannot act as your attorney or give you legal advice. The Judicial Branch is not responsible for any errors or omissions in these instructions.

HOW TO USE THE DIVORCE GUIDE SUPPLEMENT

This Supplement contains two copies of the Financial Affidavit form and one copy of the most commonly used court forms you will need to start a divorce case in Connecticut. This Supplement is designed to be used with the *Do It Yourself Divorce Guide* (JDP-FM-179) to help you represent yourself in a divorce. Please read the Do It Yourself Divorce Guide before you fill out any of these forms.

Make sure you are using the current version of the form

Court forms are sometimes updated because the laws change or the courts improve the way cases are processed. The form revision date is listed next to the form number, under the form title in the upper left hand corner of the form. You can tell whether the forms included here are still up-to-date by comparing them with the versions of the forms that are available on the Judicial Branch website at www.jud.ct.gov. If you are in doubt, check with the court clerk's office at your local courthouse. A list of all courthouses that handle divorce cases and the clerk's office telephone number can be found in the Do It Yourself Divorce Guide.

All of the court forms in this Supplement are 8 1/2" x 11" and are printed in black ink on white paper to make it easier to print them and distribute them to you. Do not be confused or concerned if you see the same form available on colored paper or with colored ink at the courthouse. The forms in this Supplement are valid and the court clerks' offices will accept them throughout the State of Connecticut.

Complete the forms in this Supplement

The forms in this Supplement are listed in alphabetical order. Select the forms you need for your case after reading the Do It Yourself Divorce Guide. Then tear out the forms. Please read the instructions on the forms and the section that discusses the forms in the Do It Yourself Divorce Guide first, before you fill out any form. In most cases, the forms ask you to put information into the blank or box, or to check off the correct answer for your situation.

You may complete these court forms by printing the information in ink, by typing the information, or by using the fillable forms on the Judicial Branch website at www.jud.ct.gov. You may obtain additional copies of these forms and other court forms at all Judicial District clerks' offices, Public Information Desks, or Court Service Centers. A list of clerks' offices and telephone numbers can be found in the Do It Yourself Divorce Guide. Remember, the clerk's office can give you information about court procedures, but it cannot give you legal advice.

Court Forms Included in this Divorce Guide Supplement and Discussed in the Do It Yourself Divorce Guide

(Also available at all Judicial District clerks' offices, Court Service Centers, and on the Judicial Branch website at www.jud.ct.gov under "Forms")

FORM NAME (In alphabetical order)	FORM NUMBER
Affidavit Concerning Children	JD-FM-164
Application for Waiver of Fees/ Appointment of Counsel Family	JD-FM-75
Case Management Agreement/Order	JD-FM-163
Dissolution of Civil Union Complaint	JD-FM-159A
Divorce Complaint (Dissolution of Marriage)	JD-FM-159
Financial Affidavit	JD-FM-6
Notice of Automatic Court Orders	JD-FM-158
Summons Family Actions	JD-FM-3
Sample Summons Family Actions (<i>completed</i>)	JD-FM-3

AFFIDAVIT CONCERNING CHILDREN

JD-FM-164 Rev. 6-09
C.G.S. § 46b-115s
P.B. § 25-57

STATE OF CONNECTICUT
SUPERIOR COURT
COURT OF PROBATE
www.jud.ct.gov

INSTRUCTIONS

Complete form. You must swear that your statement is true and sign it in front of a court clerk, a notary public, or an attorney who will also sign and date the affidavit.

Court Use Only
AFFACUS

Judicial District of	At (Town)	Probate District name and number	Docket number
Plaintiff/Applicant (Last, first, middle initial)		Defendant/Respondent (Last, first, middle initial)	

Information about the past five years for each child affected by this case is required. Provide information below. If more space is needed, use form JD-FM-164A.

Child's name (First, middle, last)			Date of birth (Month, day, year)
Date(s) of residence	Location (Town or city, and state, unless confidential by court order)	Name(s) and present address(es) of person(s) child lived with (unless confidential)	Relationship to child
TO THE PRESENT			
TO			
TO			
TO			
TO			

Child's name (First, middle, last)		Date of birth (Month, day, year)	<input type="checkbox"/> Residence information is same as for child above. (If not same, provide information)
Date(s) of residence	Location (Town or city, and state, unless confidential by court order)	Name(s) and present address(es) of person(s) child lived with (unless confidential)	Relationship to child
TO THE PRESENT			
TO			
TO			
TO			
TO			

Check here if additional children are listed on JD-FM-164A.

(Continued...)

1. (Check one) I have I have not been a party or a witness or participated in any other capacity in cases in Connecticut or any other state concerning custody of or visitation with any child listed in this affidavit. If yes, identify the name of the court, the court case number and date of determination:

(Check item 2 or 3 below)

2. I do not know of other civil or criminal proceedings in Connecticut or any other state, now or in the past, that could affect the current proceeding, including enforcement proceedings and proceedings relating to family violence, protective orders, termination of parental rights and adoption.
3. I know of the following civil or criminal proceedings, in Connecticut or any other state, now or in the past, that could affect the current proceeding, including enforcement proceedings and proceedings relating to family violence, protective orders, termination of parental rights and adoption.

Case name	Docket number	Court location (Including state)
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Nature of proceeding

Case name	Docket number	Court location (Including state)
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Nature of proceeding

4. (Check one) No one except the plaintiff/applicant and defendant/respondent has physical custody or claims to have custody or visitation rights regarding any child listed here.
- The following person(s) has physical custody or claims to have custody or visitation rights regarding any child listed here:

Name: _____

Address: _____

(unless confidential)

5. The mother of the child(ren) named in the Complaint or Application is pregnant.

Yes No Do not know

6. A child has been born to the mother named in the Complaint or Application after the filing of the Complaint or Application.

Yes No Do not know If yes, complete the following:

Child's name	Date of birth (Month, day, year)
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Signature	Print name of person signing
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Sworn to before me (Assistant Clerk/Comm. of Superior Court/Notary Public)	Date signed
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You have an ongoing duty to tell the court about any case that could affect the current proceeding, in Connecticut or any other state, if you learn about it during this case.

APPLICATION FOR WAIVER OF FEES/APPOINTMENT OF COUNSEL FAMILY

JD-FM-75 Rev. 10-12
C.G.S. §§ 46b-231, 52-259b
P.B. §§ 8-2, 25-63

This form must be used only for family and family support magistrate matters. For civil, housing and small claims matters, use form JD-CV-120.

To: The Superior Court

Instructions to person asking to have the fees waived or for appointment of an attorney (applicant)

1. Print or type all information requested.
2. Sign the Financial Affidavit section in front of a court clerk, a notary public or an attorney.
3. Bring this form to the superior court where your case will be filed or is pending.
4. If your application for fees payable to the court or for costs of service of process is denied, you may ask for a hearing on the application.

Instructions to Clerk

1. Bring completed form to a judge or, if applicable, to a family support magistrate.
2. If the application is granted, notify the applicant and counsel, if appointed.
3. If the application for fees payable to the court or for costs of service of process is denied, and upon the request of the applicant, schedule a hearing on the application.

Name of case		Docket number (If applicable)
Judicial District	Address of court	
Name of applicant (Last, first, middle initial)	Address of applicant (Number, street, town, state and zip)	Telephone (Area code first)

Type of proceeding ("x" all that apply)

<input type="checkbox"/> Contempt	<input type="checkbox"/> Motion to Open or Modify	<input type="checkbox"/> Paternity
<input type="checkbox"/> Dissolution of Marriage (Divorce)	<input type="checkbox"/> Application for Custody	<input type="checkbox"/> Other (Specify):
<input type="checkbox"/> Dissolution of Civil Union	<input type="checkbox"/> Application or Petition for Visitation	

Fee Waiver

I ask that the court order that I do not have to pay fees or costs or order the State to pay the fees and costs below. ("X" all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Entry fee (fee to file case) | <input type="checkbox"/> Costs of service of process (delivery of papers by state marshal or other proper officer) |
| <input type="checkbox"/> Filing fee (fee to file motion, etc.) | <input type="checkbox"/> Costs for participating in parenting education under C.G.S. § 46b-69b |
| <input type="checkbox"/> Other (For example costs of notice by publication or for a certified copy of judgment, etc.) (Specify): | |

Appointment of Counsel (This applies only in a contempt proceeding or to the putative father in a paternity proceeding.)

I ask that the court appoint an attorney to represent me.

Financial Affidavit

1. Dependents (another person who is supported by you)

Total number of dependents (not including yourself)

2. Monthly Income

A. Gross monthly income (before deductions)	<input style="width: 100%;" type="text"/>
B. Net monthly income after taxes from monthly employment	<input style="width: 100%;" type="text"/>
C. Other income (for example, TANF, Social Security, child support, alimony, etc.) (Specify which one(s) here):	<input style="width: 100%;" type="text"/>
Total Monthly Income (B+C)*	<input style="width: 100%;" type="text"/>

3. Monthly Expenses

A. Rent/Mortgage	<input style="width: 100%;" type="text"/>
B. Real Estate Taxes	<input style="width: 100%;" type="text"/>
C. Utilities (telephone, fuel heat, electric, water, gas, cable, etc.)	<input style="width: 100%;" type="text"/>
D. Food (less SNAP (food stamps), if any) ...	<input style="width: 100%;" type="text"/>
E. Clothing	<input style="width: 100%;" type="text"/>
F. Insurance Premiums (medical/dental, auto, life, home)	<input style="width: 100%;" type="text"/>
G. Medical/Dental	<input style="width: 100%;" type="text"/>
H. Transportation (bus, gasoline, etc.)	<input style="width: 100%;" type="text"/>
I. Child Care	<input style="width: 100%;" type="text"/>
J. Other (medical, dental, child support paid, alimony paid, etc.) (Specify):	<input style="width: 100%;" type="text"/>
Total Monthly Expenses*	<input style="width: 100%;" type="text"/>

4. Assets

	Estimated Value	Loan Balance	Equity
A. Real Estate			Real Estate
B. Motor Vehicles....			Motor Vehicle
C. Other Personal Property			Other Property
			Savings
D. Savings Account Balance (Total of all accounts)			Checking
E. Checking Account Balance (Total of all accounts)			Cash
F. Cash.....			Other Assets
G. Other Assets (Specify):			
Total Assets			<input style="width: 100%;" type="text"/>

5. Liabilities/Debts (for example, credit card balances, loans, etc. Do not include mortgage or loan balances that are listed under "Assets".)

Type of Debt	Amount Owed	Monthly Payment
Total Liabilities		<input style="width: 100%;" type="text"/>

* If you claim zero Total Monthly Income or Expenses, explain how you are supported:

I certify that the information on page 1 is true and accurate to the best of my knowledge and that I can, if asked, document all income, expenses, and liabilities listed on page 1.

Notice ►

Any false statement made by you under oath which you do not believe to be true and which is intended to mislead a public servant in the performance of his or her official function may be punishable by a fine and/or imprisonment.

Signed (<i>Applicant</i>)	Print name of person signing at left	Date signed
Subscribed and sworn to before me:	On (<i>Date</i>)	Signed (<i>Notary Public, Commissioner of the Superior Court, Assistant Clerk</i>)

Order

The Court, having found the applicant ("**X**" all that apply): Not indigent Indigent **and** unable to pay Indigent **or** unable to pay for parenting education program under C.G.S. § 46b-69b,

hereby orders the application:

- Granted as follows:
 1. The following costs are ordered paid by the State
 - Costs of service of process not to exceed: \$ _____
 - Other (*Specify*): _____
 2. The following fees are waived Entry fee Filing fee
 - Other (*Specify*): _____
 3. All costs for participation in a parenting education program shall be covered by the service provider pursuant to C.G.S. § 46b-69b, because the applicant is found indigent or unable to pay.
 4. Counsel is Appointed (*Name*): _____
- Denied. If denied only in part, specify: _____
- Counsel is not appointed because the applicant does not face potential incarceration.

By the Court (<i>Print or type name of Judge/Fam. Sup. Magistrate</i>)	On (<i>Date</i>)	Signed (<i>Judge, FSM, Assistant Clerk</i>)	Date signed
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Request For Hearing On Denied Application

The following section applies only to a **denial** of the application for waiver of fees payable to the court or for the costs of service of process. It does not apply to applications for fee waiver for parenting education or to appointment of counsel.

I request a court hearing on the application.

► _____ Date signed

Hearing to be held at the Court location shown on page 1 on the date and time shown below:

Hearing on (<i>Date</i>)	At (<i>Time</i>)	Room number	Signed (<i>Assistant Clerk</i>)
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Order After Hearing

The Court, having found the applicant Indigent and unable to pay Not indigent hereby orders the application:

- Granted as follows:
 1. The following costs are ordered paid by the State
 - Costs of service of process not to exceed: \$ _____
 - Other (*Specify*): _____
 2. The following fees are waived Entry fee Filing fee
 - Other (*Specify*): _____
- Denied for the following reason(s): _____

By the Court (<i>Print or type name of Judge/FSM</i>)	On (<i>Date</i>)	Signed (<i>Judge, FSM, Assistant Clerk</i>)	Date signed
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CASE MANAGEMENT AGREEMENT/ORDER

JD-FM-163 Rev. 10-12
C.G.S. § 46b-56 P.B. § 25-50

STATE OF CONNECTICUT
SUPERIOR COURT
www.jud.ct.gov

Court Use Only

CMA



The Judicial Branch of the State of Connecticut complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation in accordance with the ADA, contact a court clerk or an ADA contact person listed at www.jud.ct.gov/ADA.

Instructions

1. You must file this agreement with the court on or before the case management date shown below or come to court on the case management date. If you do not do one or the other, your case may be dismissed.
2. If there are parenting disputes, the parties and their attorneys must come to court on the case management date. **If the dispute is about custody, they must also come to court with their proposed parental responsibility plans** (form JD-FM-199).
3. If the parties need a scheduling conference with the court, they should come to the court with their attorneys, if they have attorneys, on the case management date.
4. If the plaintiff, defendant or any child in this case has received financial support or HUSKY health insurance from the State of Connecticut **you must** send a copy of the Summons, Complaint, Notice of Automatic Court Orders and any other documents filed to the Assistant Attorney General, 55 Elm Street, Hartford, CT 06106, and file the Certification of Notice (JD-FM-175) with the court clerk.

Name of case		Docket number
Judicial District of	Case Management date and time (Check local schedule on forms JD-FM-165A-C)	

Section 1 — Type and Status of Case

Type of Case: (Check all that apply)	Status of Case: (Check all that apply)
<input type="checkbox"/> Divorce (Dissolution of Marriage) <input type="checkbox"/> Annulment <input type="checkbox"/> Post-Judgment Motion <input type="checkbox"/> Visitation <input type="checkbox"/> Legal Separation <input type="checkbox"/> Other <input type="checkbox"/> Custody	<input type="checkbox"/> Defendant has not filed an Appearance — Complete Section 2 <input type="checkbox"/> Uncontested (There is agreement on all issues.) — Complete Section 2 <input type="checkbox"/> Financial Disputes (including property) — Complete Section 3 and, if there are children but no parenting disputes, submit a signed Custody/Visitation Agreement (form JD-FM-183) with this form <input type="checkbox"/> Parenting Disputes (including custody or visitation, also called parenting time or access) — Complete Section 3 and attorneys and parties must come to court on case management date

Section 2 — Agreement on All Issues (the case is uncontested) or Defendant Has Not Appeared

If there is agreement on all issues (the case is uncontested), or if the Defendant has not filed an Appearance, write in a date and time for an uncontested hearing after checking with the family caseflow office or clerk's office for the schedule.

NOTE: If the Defendant has not filed an Appearance, you must give the Defendant reasonable notice of the date and time of the hearing.

Day of the week	Date	Time (A.M./P.M.) _____.M.
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Section 3 — Parenting/Financial Disputes

If any parenting or financial issues are disputed, the parties agree to the following schedule. (If the parties do not agree to a schedule in Section 3, or if parenting issues are in dispute, the parties and their attorneys must come to court on the case management date.)

Financial affidavits exchanged by (Date)	Written questions and requests for documents by (Date)	Written responses and documents provided by (Date)
Appraisals of real property completed by (Date)	Appraisals of other assets (Businesses, pensions, etc.) completed by (Date)	Depositions completed by (Date)
Expert disclosure by Plaintiff by (Date)	Expert disclosure by Defendant and Attorney for minor child by (Date)	Other

Section 4 — Pretrial Settlement — To help settle outstanding issues the parties agree to and/or have scheduled the pretrial settlement event as follows: (Check all that apply)

Private Mediation on (Date) _____ and report back on (Date) _____
 Court provided pretrial on (Date) _____
 We agree to a pretrial date on or about (Date) _____

Section 5 — Signatures — This form must be signed by the parties and the attorneys for the parties.

Plaintiff's signature	Telephone number	Defendant's signature	Telephone number
Signature of Plaintiff's Attorney	Telephone number	Signature of Defendant's Attorney	Telephone number
Signature of Attorney for the Child(ren)	Telephone number	Assistant Attorney General's signature	Telephone number
Signature of Guardian ad Litem	Telephone number		

Order

The above Case Management Agreement is Modified/Approved and Ordered by the Court:	Signature of Judge / Assistant Clerk	Date
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DISSOLUTION OF CIVIL UNION COMPLAINT

JD-FM-159A New 10-05
P.A. 05-10, P.B. § 25-2, et seq.

STATE OF CONNECTICUT
SUPERIOR COURT

www.jud.ct.gov

CROSS COMPLAINT CODE ONLY

CRSCMP

- Complaint:** Complete this form. Attach a completed Summons (JD-FM-3) and Notice of Automatic Court Orders (JD-FM-158).
- Amended Complaint.**
- Cross Complaint:** Complete this form and attach to the Answer (JD-FM-160) unless it is already filed.

JUDICIAL DISTRICT OF	AT (Town)	RETURN DATE (Month, day, year)	DOCKET NO.
PLAINTIFF'S NAME (Last, First, Middle Initial)		DEFENDANT'S NAME (Last, First, Middle Initial)	
1. PLAINTIFF'S BIRTH NAME IF DIFFERENT FROM ABOVE		2. DEFENDANT'S BIRTH NAME IF DIFFERENT FROM ABOVE	
3. DATE OF CIVIL UNION	4. TOWN AND STATE, OR COUNTRY WHERE CIVIL UNION TOOK PLACE		

5. (Check all that apply)

- The ("X" one) plaintiff defendant has lived in Connecticut for at least twelve months before the filing of this dissolution of civil union complaint or before the dissolution of civil union will become final.
- The ("X" one) plaintiff defendant lived in Connecticut at the time of the civil union, moved away, and then returned to Connecticut, planning to live here permanently.
- The civil union broke down after the ("X" one) plaintiff defendant moved to Connecticut.

6. A dissolution of the civil union is being sought because: (Check all that apply)

- This civil union has broken down irretrievably and there is no possibility of getting back together.
- Other (must be reason(s) listed in Connecticut General Statute § 46b-40(c)):

Check and complete all that apply for items 7-14. Attach additional sheets if needed.

- 7. No children were born to either the plaintiff or defendant after the date of this civil union.
- 8. There are no minor children of this civil union.
- 9. The following children have been born to the ("X" all that apply) plaintiff defendant or have been adopted before, on, or after the date of this civil union and the other party to this civil union is the parent/adoptive parent.

(List only children who have not yet reached the age of 23.)

NAME OF CHILD (First, Middle Initial, Last)	DATE OF BIRTH (Month, day, year)

- 10. The following children were born after the date of this civil union to the ("X" all that apply) plaintiff defendant and are not the children of the other party to this civil union.

NAME OF CHILD (First, Middle Initial, Last)	DATE OF BIRTH (Month, day, year)

- 11. The ("X" all that apply) plaintiff defendant is pregnant with a child due to be born on (date) _____

(Continued...)

12. If there is a court order about any child listed above, name the child(ren) below and the person or agency awarded custody or providing support:

CHILD'S NAME	NAME OF PERSON OR AGENCY
CHILD'S NAME	NAME OF PERSON OR AGENCY
CHILD'S NAME	NAME OF PERSON OR AGENCY

13. The ("X" all that apply) plaintiff defendant or any of the child(ren) listed above has received financial support from the State of Connecticut. ("X" one)
 Yes No Do not know

If yes, send a copy of the Summons, Complaint, Notice of Automatic Court Orders and any other documents filed with this Complaint to the Assistant Attorney General, 55 Elm Street, Hartford, CT 06106, and file the Certification of Notice (JD-FM-175) with the court clerk.

14. The ("X" all that apply) plaintiff defendant or any of the child(ren) listed above has received financial support from a city or town in Connecticut. ("X" one)
 Yes (State city or town: _____) No Do not know

If yes, send a copy of the Summons, Complaint, Notice of Automatic Court Orders and any other documents filed with this Complaint to the City Clerk of the town providing assistance and file the Certification of Notice (JD-FM-175) with the court clerk.

The Court is asked to order: (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> A dissolution of civil union. | <input type="checkbox"/> Visitation. |
| <input type="checkbox"/> A fair division of property and debts. | <input type="checkbox"/> Name change to:
_____ |
| <input type="checkbox"/> Alimony. | <input type="checkbox"/> Sole custody. |
| <input type="checkbox"/> Child Support. | <input type="checkbox"/> Joint legal custody, Primary residence with:
_____ |
| <input type="checkbox"/> An order for the post-majority educational support of the child(ren) pursuant to C.G.S. § 46b-56c. | |

And anything else the Court deems fair.

SIGNATURE	PRINT NAME OF PERSON SIGNING	DATE SIGNED
ADDRESS	JURIS NO. (If applicable)	TELEPHONE (Area code first)

- **If this is a Complaint, attach a copy of the Automatic Court Orders before serving a copy on the Defendant.**
- **If this is an Amended Complaint or a Cross Complaint, you must mail or deliver a copy to anyone who has filed an appearance and you must complete the certification below.**

I certify that a copy of the above was mailed/delivered to all counsel and pro se parties of record on:

DATE MAILED OR DELIVERED	SIGNED (Attorney or pro se party)
NAME OF EACH PERSON SERVED*	ADDRESS WHERE SERVICE WAS MADE (No., street, town, zip code)*

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

**DIVORCE COMPLAINT
(DISSOLUTION OF MARRIAGE)**

JD-FM-159 Rev. 12-11
C.G.S. §§ 46b-40, 46b-56c, 46b-84,
P.B. § 25-2, et seq.

STATE OF CONNECTICUT
SUPERIOR COURT
www.jud.ct.gov

CROSS COMPLAINT CODE ONLY
CRSCMP

- Complaint:** Complete this form. Attach a completed Summons (JD-FM-3) and Notice of Automatic Court Orders (JD-FM-158).
- Amended Complaint.**
- Cross Complaint:** Complete this form and attach to the Answer (JD-FM-160) unless it is already filed.

Judicial District of	At (Town)	Return date (Month, day, year)	Docket number
Plaintiff's name (Last, First, Middle Initial)		Defendant's name (Last, First, Middle Initial)	
1. Plaintiff's birth name (If different from above)		2. Defendant's birth name (If different from above)	
3. a. Date of marriage	3. b. Date of civil union that merged into marriage by subsequent ceremony or by operation of law	4. Town and State, or Country where marriage took place	

5. ("X" all that apply)

- The ("X" one) plaintiff defendant has lived in Connecticut for at least 12 months immediately before the filing of this divorce complaint or before the divorce will become final.
- The ("X" one) plaintiff defendant lived in Connecticut at the time of the marriage, moved away, and then returned to Connecticut, planning to live here permanently.
- The marriage broke down after the ("X" one) plaintiff defendant moved to Connecticut.

6. A divorce is being sought because: ("X" all that apply)

- This marriage has broken down irretrievably.
- Other (must be reason(s) listed in section 46b-40(c) of the Connecticut General Statutes):

"X" and complete all that apply for items 6-13. Attach additional sheets if needed.

- 7. No children were born to either the plaintiff or defendant after the date of this marriage.
- 8. There are no children of this marriage under the age of 23.
- 9. The following children are either: (a) the biological and/or adoptive children of both of the parties, or (b) have been born to one of the parties on or after the date of the marriage and are claimed to be children of the marriage. (List only children who have not yet reached the age of 23.)

Name of child (First, Middle Initial, Last)	Date of birth (Month, day, year)

- 10. The following children were born on or after the date of the marriage to the ("X" all that apply) plaintiff defendant and are not children of the other party to this marriage. (List only children who have not yet reached the age of 23.)

Name of child (First, Middle Initial, Last)	Date of birth (Month, day, year)

(Continued...)

11. If there is a court order regarding custody or support for any child listed above, name the child(ren) below and specify the person or agency awarded custody or ordered to pay support:

Child's name	Name of person or agency awarded custody	Name of person ordered to pay support
Child's name	Name of person or agency awarded custody	Name of person ordered to pay support
Child's name	Name of person or agency awarded custody	Name of person ordered to pay support

12. The ("X" all that apply) plaintiff defendant or any of the child(ren) listed above have received from the State of Connecticut:

financial support ("X" one) Yes No Do not know
 HUSKY Health Insurance ("X" one) Yes No Do not know

If yes, **you must** send a copy of the Summons, Complaint, Notice of Automatic Court Orders and any other documents filed with this Complaint to the Assistant Attorney General, 55 Elm Street, Hartford, CT 06106, and file the Certification of Notice (JD-FM-175) with the court clerk.

13. The ("X" all that apply) plaintiff defendant is pregnant with a child due to be born on _____ (date).

The other parent of this unborn child is the plaintiff or defendant unknown
 not the plaintiff not the defendant.

14. The ("X" all that apply) plaintiff defendant or any of the child(ren) listed above has received financial support from a city or town in Connecticut. ("X" one) Yes (State city or town: _____)

No Do not know. If yes, send a copy of the Summons, Complaint, Notice of Automatic Court Orders and any other documents filed with this Complaint to the City Clerk of the town providing assistance and file the Certification of Notice (JD-FM-175) with the court clerk.

The Court is asked to order: ("X" all that apply)

- A divorce (dissolution of marriage).
 A fair division of property and debts.
 Alimony.
 Child Support.
 An order regarding the post-majority educational support of the child(ren).
 Name change to:

Regarding Parental Decisionmaking Responsibility:

- Sole custody.
 Joint legal custody.
 A parenting responsibility plan which includes a plan for the parental decisionmaking regarding the minor child(ren).
 AND

Regarding Physical Custody:

- Primary residence with: _____
 Visitation.
 A parenting responsibility plan which includes a plan for the schedule of physical care of the minor child(ren).

And anything else the Court deems fair.

Signature	Print name of person signing	Date signed
Address	Juris number (If applicable)	Telephone (Area code first)

- If this is a Complaint, attach a copy of the Automatic Court Orders before serving a copy on the Defendant.
- If this is an Amended Complaint or a Cross Complaint, you must mail or deliver a copy to anyone who has filed an appearance and you must complete the certification below.

Certification

I certify that a copy of this document was mailed or delivered electronically or non-electronically on (date) _____ to all attorneys and self-represented parties of record and that written consent for electronic delivery was received from all attorneys and self-represented parties receiving electronic delivery.

Name and address of each party and attorney that copy was mailed or delivered to*

*If necessary, attach additional sheet or sheets with name and address which the copy was mailed or delivered to.

Signed (Signature of filer)	Print or type name of person signing	Date signed
Mailing address (Number, street, town, state and zip code)		Telephone number

FINANCIAL AFFIDAVIT

JD-FM-6-SHORT New 1-14
P.B. §§ 25-30, 25a-15

STATE OF CONNECTICUT
SUPERIOR COURT
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ADA NOTICE

The Judicial Branch of the State of Connecticut complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation in accordance with the ADA, contact a court clerk or an ADA contact person listed at www.jud.ct.gov/ADA.

Docket number
- FA - - - S

Instructions

Use this short version if your **gross annual income is less than \$75,000** (see Section I. Income) and your **total net assets are less than \$75,000** (see Section IV. Assets). Otherwise, use the long version, form JD-FM-6-LONG.

For the Judicial District of _____ At (Address of Court) _____

Name of case _____

Name of affiant (Person submitting this form) _____ Plaintiff Defendant

Certification

I understand that the information stated on this Financial Statement and the attached Schedules, if any, is complete, true, and accurate. **I understand that willful misrepresentation of any of the information provided will subject me to sanctions and may result in criminal charges being filed against me.**

I. Income

1) Gross Weekly Income/Monies and Benefits From All Sources

Computed based on year-to-date, but no less than the last 13 weeks. If computation is based on less than 13 weeks or if your computations are not reflective of current wages, explain:

Paid: Weekly Bi-weekly Monthly Semi-monthly Annually

If income is not paid weekly, adjust the rate of pay to weekly as follows:

Bi-weekly → divide by 2	Semi-monthly → multiply by 2, multiply by 12, divide by 52
Monthly → multiply by 12, divide by 52	Annually → divide by 52

(a)	Employer(s)	Address(es)	Base Pay:
Job 1	_____	_____	<input type="checkbox"/> Salary <input type="checkbox"/> Wages \$ _____
Job 2	_____	_____	<input type="checkbox"/> Salary <input type="checkbox"/> Wages \$ _____
Job 3	_____	_____	<input type="checkbox"/> Salary <input type="checkbox"/> Wages \$ _____

Total of base pay from salary and wages of all jobs \$ _____

(b) Overtime	\$ _____	(j) Child Support (Actually received)	\$ _____
(c) Self-employment	\$ _____	(k) Alimony (Actually received)	\$ _____
(d) Tips	\$ _____	(l) Rental and income producing property	\$ _____
(e) Social Security	\$ _____	(m) Contributions from household member(s)	\$ _____
(f) Disability	\$ _____	(n) Cash income	\$ _____
(g) Unemployment	\$ _____	(o) Veterans Benefits	\$ _____
(h) Worker's compensation	\$ _____	(p) Other: _____	\$ _____
(i) Public Assistance (Welfare, TFA payments)	\$ _____		

(q) Total Gross Weekly Income/Monies and Benefits From All Sources (Add items a through p) \$ _____

Hours worked per week _____
Gross yearly income from prior tax year. Provide amount of income, not copies of forms \$ _____

List here and explain any other income including but not limited to: non-reported income; and support provided by relatives, friends, and others:

2) Mandatory Deductions (If consistent deductions don't occur every pay check **provide average amounts.**)

	Job 1	Job 2	Job 3	Totals
(1) Federal income tax deductions (claiming ___ exemptions)	\$ _____	\$ _____	\$ _____	\$ _____
(2) Social Security or Mandatory Retirement	\$ _____	\$ _____	\$ _____	\$ _____
(3) State income tax deductions (claiming ___ exemptions)	\$ _____	\$ _____	\$ _____	\$ _____
(4) Medicare	\$ _____	\$ _____	\$ _____	\$ _____
(5) Health insurance	\$ _____	\$ _____	\$ _____	\$ _____
(6) Union dues	\$ _____	\$ _____	\$ _____	\$ _____
(7) Prior court order — child support or alimony	\$ _____	\$ _____	\$ _____	\$ _____
(8) Total Mandatory Deductions (add items 1 through 7)	\$ _____	\$ _____	\$ _____	\$ _____

3) Net Weekly Income \$ _____

Subtract the Total Mandatory Deductions [see item I., 2), (8)] from the Total Gross Weekly Income/Monies and Benefits From All Sources [see item I., 1), q]

II. Weekly Expenses Not Deducted From Pay

If expenses are not paid weekly, adjust the rate of payment to weekly as follows:

Bi-weekly → divide by 2	Semi-monthly → multiply by 2, multiply by 12, divide by 52
Monthly → multiply by 12, divide by 52	Annually → divide by 52

Insert an ("x") in the box if you are **not** currently paying the expense, or if someone else is paying the expense.

Home:
 Rent or Mortgage (Principal, Interest — \$ _____ Property taxes and assessments \$ _____
Real Estate Taxes and Insurance if escrowed)

Utilities:
 Oil \$ _____ Telephone/Cell/Internet..... \$ _____
 Electricity \$ _____ Trash Collection \$ _____
 Gas \$ _____ T.V./Internet \$ _____
 Water and Sewer..... \$ _____

Groceries (after food stamps): Including household supplies, formula, diapers \$ _____

Transportation:
 Gas/Oil \$ _____ Auto Loan or Lease \$ _____
 Repairs/Maintenance \$ _____ Public Transportation \$ _____
 Automobile Insurance/Tax/Registration ... \$ _____

Insurance Premiums:
 Medical/Dental (Out-of-pocket expense after Health Savings Account/Plan)..... \$ _____ Life \$ _____

Uninsured Medical/Dental not paid by insurance \$ _____

Clothing \$ _____

Child(ren):
 Child Support of this case \$ _____ Child Care Expense (after deductions, credits and subsidies)..... \$ _____
 Child Support of other children other than this case (attach a copy of the order) ... \$ _____ Child(ren)'s activities (e.g., lessons, sports, etc.) \$ _____
 Alimony: Payable to this spouse \$ _____ Alimony: Payable to another spouse \$ _____
 Extraordinary travel expenses for visitation with child(ren) \$ _____
 Other (Specify): \$ _____

Total Weekly Expenses Not Deducted From Pay \$ _____

III. Liabilities (Debts)

Do not include expenses listed above. Do not include mortgage current principal balance or loan balances that are listed under "Assets."

Creditor Name /Type of Debt	Balance Due	Date Debt Incurred/ Revolving	Weekly Payment
Credit Card, Consumer, Tax, Health Care, Other Debt			
	<input type="checkbox"/> Sole <input type="checkbox"/> Joint \$		\$
	<input type="checkbox"/> Sole <input type="checkbox"/> Joint \$		\$

<input type="checkbox"/> Sole <input type="checkbox"/> Joint	\$	\$
<input type="checkbox"/> Sole <input type="checkbox"/> Joint	\$	\$
<input type="checkbox"/> Sole <input type="checkbox"/> Joint	\$	\$

(A) Total Liabilities (Total Balance Due on Debts) \$

(B) Total Weekly Liabilities Expense \$

IV. Assets

Note: Under "Ownership" indicate S for sole, JTS for joint with spouse, and JTO for joint with other. You must complete the last column to the right "Value of Your Interest" in each applicable section.

A. Real Estate (including time share)

Address	Ownership			a. Fair Market Value (Estimate)	b. Mortgage Current Principal Balance	c. Equity Line of Credit and Other Liens	d. Equity (d = a minus (b + c))	e. Value of Your Interest
	S	JTS	JTO					
Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$	\$
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$	\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$	\$
Total Net Value of Real Estate:								\$

B. Motor Vehicles

Year	Make	Model	Ownership			a. Value	b. Loan Balance	c. Equity (c = a minus b)	d. Value of Your Interest
			S	JTS	JTO				
1:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$
2:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$
Total Net Value of Motor Vehicles:								\$	

C. Bank Accounts

Do not include custodial accounts or child(ren)'s assets — complete Section V. below.

Institution	Account Number (last 4 numbers only)	Ownership			Current Balance/ Value	Value of Your Interest
		S	JTS	JTO		
Checking		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Savings		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Other		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Total Net Value of Bank Accounts:						\$

D. Stocks, Bonds, Mutual Funds

Company	Account Number (last 4 numbers only)	Listed Beneficiary	Current Balance/ Value
			\$
			\$
Total Net Value of Stocks, Bonds, Mutual Funds:			\$

E. Insurance (exclude children) D = Disability L = Life

Name of Insured	D	L	Company	Account Number (last 4 numbers only)	Listed Beneficiary	Current Balance/ Value
						\$
						\$
Total Net Value of Insurance:						\$

F. Retirement Plans (Pensions on Interest, Individual IRA, 401K, Keogh, etc.)

Type of Plan	Name of Plan/Bank/Company	Account Number (last 4 numbers only)	Listed Beneficiary	Receiving Payments	Current Balance/ Value
				<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
				<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Total Net Value of Retirement Plans:					\$

G. Business Interest/Self-Employment

If you own an interest in a business, or are self-employed, complete this section.

Name of Business	Percent Owned	Value
	%	\$
Total Net Value of Business Interest/Self-Employment:		\$

H. Other Assets

Name of Asset	Current Balance/ Value	Name of Asset	Current Balance/ Value
	\$		\$
	\$		\$
	\$		\$
	\$		\$

Total Net Value of Other Assets: \$

I. Total Net Value All Assets (add items A through H)..... \$

V. Child(ren)'s Assets

Include Uniform Gift to Minor Account, Uniform Trust to Minor Account, College Accounts/529 Account, Custodial Account, etc.

Institution	Account Number (last 4 numbers only)	Listed Beneficiary	Person Who Controls the Account (Fiduciary)	Current Balance/ Value
				\$
				\$

Total Net Value of Child(ren)'s Assets: \$

VI. Health (Medical and/or Dental Insurance)

Company	Name of Insured Person(s) Covered by the Policy

Do you or any member of your family have HUSKY Health Insurance Coverage? Yes No I Don't Know
If Yes, whom?

Important:

If you have other financial information that has not yet been disclosed, you have an affirmative duty to disclose that information. List additional information below:

Summary (Use the amounts shown in Sections I. through IV.)

Total Net Weekly Income (See Section I. 3)..... \$ _____

Total Weekly Expenses and Liabilities (Total From Section II. + III.(B))..... \$ _____

Total Cash Value of Assets (See Section IV. I.) \$ _____

Total Liabilities (Total Balance Due on Debts) (See Section III. (A))..... \$ _____

Certification

I certify under the penalties of perjury that the information stated on this Financial Statement and the attached Schedules, if any, is complete, true, and accurate. **I understand that willful misrepresentation of any of the information provided will subject me to sanctions and may result in criminal charges being filed against me.**

I, _____ the Plaintiff Defendant herein, residing at _____, telephone number _____, being duly sworn, depose and say that the following is an accurate statement of my income from all sources, my liabilities, my assets and my net worth, from whatever sources, and whatever kind and nature, and wherever situated.

Signed (Affiant)		Date signed
Signed (Notary, Commissioner of Superior Court, Assistant Clerk, Other Proper Officer under Section 1-24 of the Connecticut General Statutes)	Print name and title of person signing at left	Date signed

FINANCIAL AFFIDAVIT

JD-FM-6-LONG New 1-14
P.B. §§ 25-30, 25a-15

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Docket number

- FA - - S

Instructions

Use this long version if either your gross annual income is more than \$75,000 (see Section I. Income) or your total net assets are more than \$75,000 (see Section IV. Assets), or if both are more than \$75,000. Otherwise, use the short version, form JD-FM-6-SHORT.

For the Judicial District of _____ At (Address of Court) _____

Name of case _____

Name of affiant (Person submitting this form) _____

Plaintiff Defendant

Certification

I understand that the information stated on this Financial Statement and the attached Schedules, if any, is complete, true, and accurate. I understand that willful misrepresentation of any of the information provided will subject me to sanctions and may result in criminal charges being filed against me.

I. Income

1) Gross Weekly Income/Monies and Benefits From All Sources

Computed based on year-to-date, but no less than the last 13 weeks. If computation is based on less than 13 weeks or if your computations are not reflective of current wages, explain:

Paid: Weekly Bi-weekly Monthly Semi-monthly Annually

If income is not paid weekly, adjust the rate of pay to weekly as follows:

Table with 2 columns: Conversion factor and description. Bi-weekly -> divide by 2, Monthly -> multiply by 12, divide by 52, Semi-monthly -> multiply by 2, multiply by 12, divide by 52, Annually -> divide by 52.

Table with 4 columns: (a) Job number, Employer(s), Address(es), Base Pay: (Salary/Wages) \$.

Total of base pay from salary and wages of all jobs \$

Table with 2 columns: (b) Item description, Amount (\$). Includes Overtime, Self-employment, Tips, Commissions, Bonuses, Dividends, Interest, Trusts, Annuities, Pensions, Retirement/Tax Deferred Funds, Social Security, Disability, Unemployment, Worker's compensation, Public Assistance, Child Support, Alimony, Rental and income producing property, Royalties, Contributions from household member(s), Cash income, Veterans Benefits, Other.

(z) Total Gross Weekly Income/Monies and Benefits From All Sources (Add items a through y) \$

Hours worked per week _____
 Gross yearly income from prior tax year. Provide amount of income, not copies of forms \$ _____
 List here and explain any other income including but not limited to: non-reported income; and support provided by relatives, friends, and others:

2) Mandatory Deductions (If consistent deductions don't occur every pay check **provide average amounts.**)

	Job 1	Job 2	Job 3	Totals
(1) Federal income tax deductions (claiming _____ exemptions)	\$ _____	\$ _____	\$ _____	\$ _____
(2) Social Security or Mandatory Retirement	\$ _____	\$ _____	\$ _____	\$ _____
(3) State income tax deductions (claiming _____ exemptions)	\$ _____	\$ _____	\$ _____	\$ _____
(4) Medicare	\$ _____	\$ _____	\$ _____	\$ _____
(5) Health insurance	\$ _____	\$ _____	\$ _____	\$ _____
(6) Union dues	\$ _____	\$ _____	\$ _____	\$ _____
(7) Prior court order — child support or alimony	\$ _____	\$ _____	\$ _____	\$ _____
(8) Total Mandatory Deductions (add items 1 through 7)	\$ _____	\$ _____	\$ _____	\$ _____

3) Net Weekly Income \$ _____
 Subtract the Total Mandatory Deductions [see item I., 2), (8)] from the Total Gross Weekly Income/Monies and Benefits From All Sources [see item I., 1), z]

4) Other Deductions

(1) Credit Union Loan	\$ _____	(5) Health Savings Account(s) or Plan(s).....	\$ _____
(2) Savings	\$ _____	(6) Deferred Compensation or 401K	\$ _____
(3) Retirement.....	\$ _____	(7) Other Pre-Tax Deductions.....	\$ _____
(4) Subsequent Other Order of Court..... (i.e., child support, alimony)	\$ _____	(8) Other Wage Executions	\$ _____
(9) Total Other Deductions (add items 1 through 8)		\$ _____	

II. Weekly Expenses Not Deducted From Pay

If expenses are not paid weekly, adjust the rate of payment to weekly as follows:

Bi-weekly → divide by 2	Semi-monthly → multiply by 2, multiply by 12, divide by 52
Monthly → multiply by 12, divide by 52	Annually → divide by 52

Insert an ("x") in the box if you are **not** currently paying the expense, or if someone else is paying the expense.

Home:

Rent or Mortgage (Principal, Interest — \$ _____ 2nd Mortgage/Home Equity Line of Credit \$ _____
 Real Estate Taxes and Insurance if escrowed)

Property taxes and assessments \$ _____ Household Improvements \$ _____
 Condominium Fees..... \$ _____ (Specify) _____

Utilities:

Oil \$ _____ Telephone/Cell/Internet..... \$ _____
 Electricity \$ _____ Trash Collection \$ _____
 Gas \$ _____ T.V./Internet \$ _____
 Water and Sewer..... \$ _____

Groceries (after food stamps): Including household supplies, formula, diapers \$ _____
 (Not including take out meals)

Restaurants (Including take out meals) \$ _____

Transportation:

Gas/Oil \$ _____ Auto Loan or Lease \$ _____
 Repairs/Maintenance \$ _____ Public Transportation..... \$ _____
 Automobile Insurance/Tax/Registration ... \$ _____

Insurance Premiums:

Medical/Dental (Out-of-pocket expense \$ _____ Life..... \$ _____
 after Health Savings Account/Plan)

Uninsured Medical/Dental not paid by insurance \$ _____

Insert an ("x") in the box if you are **not** currently paying the expense, or if someone else is paying the expense.

Personal Care (e.g., haircuts, etc.).....	<input type="checkbox"/>	\$ _____	Clothing	<input type="checkbox"/>	\$ _____
Dry Cleaning.....	<input type="checkbox"/>	\$ _____	Entertainment.....	<input type="checkbox"/>	\$ _____
Alcohol, Smoking Products	<input type="checkbox"/>	\$ _____	Vacation	<input type="checkbox"/>	\$ _____

Child(ren):

Child Support of this case	<input type="checkbox"/>	\$ _____	Child(ren)'s Education (elementary, secondary, college, occupational)	<input type="checkbox"/>	\$ _____
Child Care Expense (after deductions, credits and subsidies).....	<input type="checkbox"/>	\$ _____	Child(ren)'s activities (e.g., lessons, sports, etc.)	<input type="checkbox"/>	\$ _____
Child Support of other children other than this case (attach a copy of the order) ...	<input type="checkbox"/>	\$ _____	Child(ren)'s camp	<input type="checkbox"/>	\$ _____
			Child(ren)'s clothing and footwear.....	<input type="checkbox"/>	\$ _____

Check here if any part is court ordered

Education (self).....	<input type="checkbox"/>	\$ _____
Alimony: Payable to this spouse.....	<input type="checkbox"/>	\$ _____
Alimony: Payable to another spouse.....	<input type="checkbox"/>	\$ _____

Employment related expenses (which are not reimbursed):

Uniforms	<input type="checkbox"/>	\$ _____
Travel	<input type="checkbox"/>	\$ _____
Required continuing education	<input type="checkbox"/>	\$ _____
Other (Specify):	<input type="checkbox"/>	\$ _____
Charitable Contributions	<input type="checkbox"/>	\$ _____
Child(ren)'s allowance	<input type="checkbox"/>	\$ _____
Extraordinary travel expenses for visitation with child(ren)	<input type="checkbox"/>	\$ _____
Other (Specify):	<input type="checkbox"/>	\$ _____

Total Weekly Expenses Not Deducted From Pay \$ _____

III. Liabilities (Debts)

Do not include expenses listed above. Do not include mortgage current principal balance or loan balances that are listed under "Assets."

Creditor Name/Type of Debt		Balance Due	Date Debt Incurred/Revolving	Weekly Payment
Credit Card Debt				
	<input type="checkbox"/> Sole <input type="checkbox"/> Joint	\$ _____		\$ _____
	<input type="checkbox"/> Sole <input type="checkbox"/> Joint	\$ _____		\$ _____
	<input type="checkbox"/> Sole <input type="checkbox"/> Joint	\$ _____		\$ _____
	<input type="checkbox"/> Sole <input type="checkbox"/> Joint	\$ _____		\$ _____
	<input type="checkbox"/> Sole <input type="checkbox"/> Joint	\$ _____		\$ _____
Other Consumer Debt				
	<input type="checkbox"/> Sole <input type="checkbox"/> Joint	\$ _____		\$ _____
	<input type="checkbox"/> Sole <input type="checkbox"/> Joint	\$ _____		\$ _____
Tax Debt				
	<input type="checkbox"/> Sole <input type="checkbox"/> Joint	\$ _____		\$ _____
	<input type="checkbox"/> Sole <input type="checkbox"/> Joint	\$ _____		\$ _____
Health Care Debt				
	<input type="checkbox"/> Sole <input type="checkbox"/> Joint	\$ _____		\$ _____
	<input type="checkbox"/> Sole <input type="checkbox"/> Joint	\$ _____		\$ _____
Other Debt				
	<input type="checkbox"/> Sole <input type="checkbox"/> Joint	\$ _____		\$ _____
(A). Total Liabilities (Total Balance Due on Debts)		\$ _____		
(B). Total Weekly Liabilities Expense				\$ _____

IV. Assets

Note: Under "Ownership" indicate S for sole, JTS for joint with spouse, and JTO for joint with other. You must complete the last column to the right "Value of Your Interest" in each applicable section.

A. Real Estate (including time share)

Address	Ownership			a. Fair Market Value (Estimate)	b. Mortgage Current Principal Balance	c. Equity Line of Credit and Other Liens	d. Equity (d = a minus (b + c))	e. Value of Your Interest
	S	JTS	JTO					
Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$	\$
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$	\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$	\$
Total Net Value of Real Estate:								\$

B. Motor Vehicles

Year	Make	Model	Ownership			a. Value	b. Loan Balance	c. Equity (c = a minus b)	d. Value of Your Interest
			S	JTS	JTO				
1:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$
2:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$
3:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$
Total Net Value of Motor Vehicles:								\$	

C. Bank Accounts

Do not include custodial accounts or child(ren)'s assets — complete Section V. below.

Institution	Account Number (last 4 numbers only)	Ownership			Current Balance/ Value	Value of Your Interest
		S	JTS	JTO		
Checking		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Savings		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Certificate of Deposit		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Credit Union		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Other Account (i.e., money market, U.S. Savings Bonds, etc.)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Total Net Value of Bank Accounts:					\$	

D. Stocks, Bonds, Mutual Funds, Bond Funds

	Company	Account Number (last 4 numbers only)	Listed Beneficiary	Current Balance/ Value
Stocks				\$
Bonds				\$
Mutual Funds				\$
Bond Funds				\$
Total Net Value of Stocks, Bonds, Mutual Funds, Bond Funds:				\$

E. Insurance (exclude children) D = Disability L = Life

Name of Insured	D	L	Company	Account Number (last 4 numbers only)	Listed Beneficiary	Current Balance/ Value
	<input type="checkbox"/>	<input type="checkbox"/>				\$
	<input type="checkbox"/>	<input type="checkbox"/>				\$
	<input type="checkbox"/>	<input type="checkbox"/>				\$
Total Net Value of Insurance:						\$

F. Retirement Plans (*Pensions on Interest, Individual IRA, 401K, Keogh, etc.*)

Type of Plan	Name of Plan/Bank/Company	Account Number (last 4 numbers only)	Listed Beneficiary	Receiving Payments	Current Balance/Value
				<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
				<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
				<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
				<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
				<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Total Net Value of Retirement Plans:					\$

G. Business Interest/Self-Employment

If you own an interest in a business, or are self-employed, complete this section.

Name of Business	Percent Owned	Value
	%	\$
	%	\$
Total Net Value of Business Interest/Self-Employment:		\$

H. Institutional Held Assets

	Institution/Individual	Account Number (last 4 numbers only)	Listed Beneficiary	Current Balance/Value
Annuity				\$
Cash in Brokerage Account(s)				\$
Funds Held in Escrow Including Money Held by Attorney				\$
Profit Sharing				\$
Total Net Value of Institutional Held Assets:				\$

I. Other Assets

Name of Asset	Current Balance/Value	Name of Asset	Current Balance/Value
Arts and Antiques	\$	Firearms	\$
Cash on hand	\$	Home Furnishings	\$
Collections	\$	Jewelry	\$
Contents of Safe or Safe Deposit Box	\$	Money Owed to You	\$
Crops/Livestock	\$	Tools/Equipment	\$
Name of Asset	Name of Beneficiary		Current Balance/Value
Inheritances			\$
Other (<i>specify</i>)			\$
			\$
Total Net Value of Other Assets:			\$

J. Total Net Value All Assets (*add items A through I*) \$

V. Child(ren)'s Assets

Include Uniform Gift to Minor Account, Uniform Trust to Minor Account, College Accounts/529 Account, Custodial Account, etc.

Institution	Account Number (last 4 numbers only)	Listed Beneficiary	Person Who Controls the Account (Fiduciary)	Current Balance/Value
				\$
				\$
				\$
				\$
				\$
Total Net Value of Child(ren)'s Assets:				\$

VI. Health Insurance *(Medical and/or Dental Insurance)*

Company	Name of Insured Person(s) Covered by the Policy

Do you or any member of your family have HUSKY Health Insurance Coverage? Yes No I Don't Know
 If Yes, whom?

Important:

If you have other financial information that has not yet been disclosed, you have an affirmative duty to disclose that information. List additional information below:

Summary *(Use the amounts shown in Sections I. through IV.)*

Total Net Weekly Income <i>(See Section I. 3)</i>	\$ _____
Total Weekly Expenses and Liabilities <i>(Total From Section II. + III.(B))</i>	\$ _____
Total Cash Value of Assets <i>(See Section IV. J.)</i>	\$ _____
Total Liabilities <i>(Total Balance Due on Debts) (See Section III. (A))</i>	\$ _____

Certification

I certify under the penalties of perjury that the information stated on this Financial Statement and the attached Schedules, if any, is complete, true, and accurate. **I understand that willful misrepresentation of any of the information provided will subject me to sanctions and may result in criminal charges being filed against me.**

I, _____ the Plaintiff Defendant herein, residing at _____, telephone number _____, being duly

sworn, depose and say that the following is an accurate statement of my income from all sources, my liabilities, my assets and my net worth, from whatever sources, and whatever kind and nature, and wherever situated.

Signed <i>(Affiant)</i>	Date signed	
Signed <i>(Notary, Commissioner of Superior Court, Assistant Clerk, Other Proper Officer under Sec. 1-24 of the Connecticut General Statutes)</i>	Print name and title of person signing at left	Date signed

NOTICE OF AUTOMATIC COURT ORDERS

JD-FM-158 Rev. 1/12
P.B. § 25-5

Attach to Divorce (Dissolution of Marriage) Complaint/Cross Complaint (JD-FM-159), Dissolution of Civil Union Complaint/Cross Complaint (JD-FM-159A), Custody/Visitation Application (JD-FM-161), and any Annulment or Legal Separation Complaint



www.jud.ct.gov

The following automatic orders shall apply to both parties, with service of the automatic orders to be made with service of process of a complaint for dissolution of marriage or civil union, legal separation, or annulment, or of an application for custody or visitation. An automatic order shall not apply if there is a prior, contradictory order of a judicial authority. The automatic orders shall be effective with regard to the plaintiff or the applicant upon the signing of the complaint or the application and with regard to the defendant or the respondent upon service and shall remain in place during the pendency of the action, unless terminated, modified, or amended by further order of a judicial authority upon motion of either of the parties:

In all cases involving a child or children, whether or not the parties are married or in a civil union:

- (1) Neither party shall permanently remove the minor child or children from the state of Connecticut, without written consent of the other or order of a judicial authority.
- (2) A party vacating the family residence shall notify the other party or the other party's attorney, in writing, within forty-eight hours of such move, of an address where the relocated party can receive communication. This provision shall not apply if and to the extent there is a prior, contradictory order of a judicial authority.
- (3) If the parents of minor children live apart during this proceeding, they shall assist their children in having contact with both parties, which is consistent with the habits of the family, personally, by telephone, and in writing. This provision shall not apply if and to the extent there is a prior, contradictory order of a judicial authority.
- (4) Neither party shall cause the children of the marriage or the civil union to be removed from any medical, hospital and dental insurance coverage, and each party shall maintain the existing medical, hospital and dental insurance coverage in full force and effect.
- (5) The parties shall participate in the parenting education program within sixty days of the return day or within sixty days from the filing of the application.
- (6) These orders do not change or replace any existing court orders, including criminal protective and civil restraining orders.

In all cases involving a marriage or civil union, whether or not there are children:

- (1) Neither party shall sell, transfer, exchange, assign, remove, or in any way dispose of, without the consent of the other party in writing, or an order of a judicial authority, any property, except in the usual course of business or for customary and usual household expenses or for reasonable attorney's fees in connection with this action.
- (2) Neither party shall conceal any property.
- (3) Neither party shall encumber (except for the filing of a lis pendens) without the consent of the other party, in writing, or an order of a judicial authority, any property except in the usual course of business or for customary and usual household expenses or for reasonable attorney's fees in connection with this action.
- (4) Neither party shall cause any asset, or portion thereof, co-owned or held in joint name, to become held in his or her name solely without the consent of the other party, in writing, or an order of the judicial authority.
- (5) Neither party shall incur unreasonable debts hereafter, including, but not limited to, further borrowing against any credit line secured by the family residence, further encumbering any assets, or unreasonably using credit cards or cash advances against credit cards.
- (6) Neither party shall cause the other party to be removed from any medical, hospital and dental insurance coverage, and each party shall maintain the existing medical, hospital and dental insurance coverage in full force and effect.
- (7) Neither party shall change the beneficiaries of any existing life insurance policies, and each party shall maintain the existing life insurance, automobile insurance, homeowners or renters insurance policies in full force and effect.
- (8) If the parties are living together on the date of service of these orders, neither party may deny the other party use of the current primary residence of the parties, whether it be owned or rented property, without order of a judicial authority. This provision shall not apply if there is a prior, contradictory order of a judicial authority.

In all cases:

- (1) The parties shall each complete and exchange sworn financial statements substantially in accordance with a form prescribed by the chief court administrator within thirty days of the return day. The parties may thereafter enter and submit to the court a stipulated interim order allocating income and expenses, including, if applicable, proposed orders in accordance with the uniform child support guidelines.
- (2) The case management date for this case is _____. The parties shall comply with Section 25-50 to determine if their actual presence at the court is required on that date.

By Order Of The Court

Failure to obey these orders may be punishable by contempt of court. If you object to or seek modification of these orders during the pendency of the action, you have the right to a hearing before a judge within a reasonable time.

The Judicial Branch of the State of Connecticut complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation in accordance with the ADA, contact a court clerk or an ADA contact person listed at www.jud.ct.gov/ADA.

Summary Of Automatic Court Orders

The court orders on the other side (or page 1) of this form apply to both parties in this case, unless there is already a court order which is different than one of these orders. The automatic court orders apply to the plaintiff or the applicant when the attached Complaint or Application is signed. They apply to the defendant or respondent when a copy of the Complaint or the Application and the Notice of Automatic

Court Orders are served (*delivered to the defendant/respondent by an authorized person*). The automatic court orders are summarized below, but you must follow the actual orders on the other side (or page 1) of this form. If you do not understand the actual automatic court orders, you may want to talk to an attorney.

In all cases that involve a child, whether or not the parties are married or in a civil union:

- Neither party may permanently take the child(ren) from Connecticut without written agreement or a court order;
- If you move out of the family home, you must tell the other party in writing within 48 hours about your new address or a place where you can receive mail;
- If both parents of the child(ren) live apart, both parties must help the child(ren) continue usual contact with both parents in person, by telephone and in writing;
- Neither party may take the child(ren) off any existing medical, hospital, doctor, or dental insurance policy or let any such insurance policy end;
- Both parties must participate in a parenting education program within 60 days of the return date of the complaint or within 60 days from the filing of the Application for Custody or Visitation;
- None of these orders change or replace any court order that already exists.

In all cases that involve a marriage or civil union, whether or not there are children, neither party may:

- Sell, exchange, take away, give away or dispose of any property without written agreement with the other party or a court order except in their usual business or for usual expenses for the home or for reasonable attorney's fees for this case;
- Hide any property;
- Mortgage any property except in their usual business or for usual expenses for the house or for reasonable attorney's fees for this case without written agreement or a court order;
- Have any asset or an asset that is owned by both parties become owned only by him or her without written agreement or a court order;
- Go into unreasonable debt by borrowing money or using credit cards or cash advances unreasonably;
- Take the other off any existing medical, hospital, doctor or dental insurance policy or let any such insurance coverage end;
- Change the terms or named beneficiaries of any existing insurance policy or let any existing insurance coverage end, including life, automobile, homeowner's or renter's insurance;
- Deny use of the family home to the other person without a court order, if you are living together on the date the court papers are delivered.

In all cases:

- Both parties must complete and give to each other sworn financial affidavits within 30 days of the return date;
- Both parties must attend a case management conference on the date given on the other side (or page 1) of this

form, unless you both agree on all issues and file a Case Management Agreement form with the court clerk on or before that date.

If you do not obey these orders while your case is pending, you may be punished by being held in contempt of court. If you object to these orders or want them changed, you have a right to a hearing before a judge within a reasonable time, by filing a motion to modify these orders with the court clerk.

**SUMMONS
FAMILY ACTIONS**

JD-FM-3 Rev. 9-12
C.G.S. § 52-45a, Pr. Bk. § 8-1

STATE OF CONNECTICUT
SUPERIOR COURT



www.jud.ct.gov

Case Type Minor Codes	
00	Dissolution of Marriage
10	Legal Separation
20	Annulment
50	Civil Union - Dissolution, Legal Separation, Annulment
90	All Other

Instructions

1. Type or print legibly; sign summons.
2. Attach the original summons to the original complaint, and Notice of Automatic Court Orders (JD-FM-158) and attach a copy of the summons and a copy of the Notice of Automatic Court Orders to each copy of the complaint.
3. After service has been made by proper officer, file original papers and officer's return with the clerk of the court at least six days before the return date.
4. Do not use this form for actions in which an attachment or garnishment is being sought or for petitions for paternity or for support orders, or for actions in which an application for relief from abuse is being sought.

To: Any proper officer

By Authority of the State of Connecticut, you are hereby commanded to make due and legal service of this Summons and attached Complaint and Notice of Automatic Orders.

Judicial district of	At (Town)	Return date (Month, day, year)		
Address of Court (Number, street, city)		Case management date*	Case type (From code list above) Major F Minor _____	PTY No.
Plaintiff's name (Last, first, middle initial)		Plaintiff's address (Number, street, town, zip code)		
Defendant's name (Last, first, middle initial)		Defendant's address (If known) (Number, street, town, zip code)		
		P-01		
		D-01		

* See Form JD-FM-165A - C

Notice To The Defendant Named Above

1. You are being sued.
2. This paper is a Summons in a lawsuit.
3. The Complaint attached to these papers states the claims that the Plaintiff is making against you in this lawsuit.
4. To respond to this Summons, or to be informed of further proceedings, you or your attorney must file a form called an "Appearance" with the Clerk of the above-named Court at the above Court address on or before the second day after the above Return Date. The Return Date is the date your case is officially in court. It is not a date you have to come to court unless another notice says that you have to be in court that day.
5. If you or your attorney do not file a written "Appearance" form on time, the Court may enter judgment against you for the relief requested in the Complaint, which may result in temporary or permanent orders without further notice.
6. The "Appearance" form may be obtained at the Court address above or at www.jud.ct.gov under "Forms."
7. If you have questions about the Summons, Complaint, or Notice of Automatic Court Orders (JD-FM-158), you should talk to an attorney quickly. **The Clerk of Court is not allowed to give advice on legal questions.**

Date	Signed (Comm. of Superior Court or Ass't Clerk sign and "X" proper box)	<input type="checkbox"/> Comm. of Superior Court <input type="checkbox"/> Assistant Clerk	Name of person signing at left
For The Plaintiff Please enter the appearance of:	Name of attorney, law firm or self-represented party		Juris number (If attorney or law firm)
Mailing address (Number, street, town, zip code)			Telephone number (Area code first)

Signed (Plaintiff, if self-represented party or attorney for plaintiff)

If this summons is signed by a clerk:

- a. The signing has been done so that the Plaintiff will not be denied access to the courts.
- b. It is the responsibility of the Plaintiff to see that service is made in the manner provided by law.
- c. The clerk is not permitted to give any legal advice in connection with any lawsuit.
- d. The clerk signing this summons at the request of the Plaintiff is not responsible in any way for any errors or omissions in the Summons, any allegations contained in the Complaint, or the service of the Summons or Complaint.

I certify I have read and understand the above.	Signed (Plaintiff, if self-represented party)	Date signed	<i>FOR COURT USE</i>
			File date
The Judicial Branch complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation in accordance with the ADA, contact the clerk's office indicated above.			Docket number

**SUMMONS
FAMILY ACTIONS**

JD-FM-3 Rev. 9-12
C.G.S. § 52-45a, Pr. Bk. § 8-1

STATE OF CONNECTICUT
SUPERIOR COURT



www.jud.ct.gov

Case Type Minor Codes
00 Dissolution of Marriage
10 Legal Separation
20 Annulment
50 Civil Union - Dissolution, Legal Separation, Annulment
90 All Other

Instructions

1. Type or print legibly; sign summons.
2. Attach the original summons to the original complaint, and Notice of Automatic Court Orders (JD-FM-158) and attach a copy of the summons and a copy of the Notice of Automatic Court Orders to each copy of the complaint.
3. After service has been made by proper officer, file original papers and officer's return with the clerk of the court at least six days before the return date.
4. Do not use this form for actions in which an attachment or garnishment is being sought or for petitions for paternity or for support orders, or for actions in which an application for relief from abuse is being sought.

To: Any proper officer

By Authority of the State of Connecticut, you are hereby commanded to make due and legal service of this Summons and attached Complaint and Notice of Automatic Orders.

Judicial district of Your Judicial District	At (Town) Your Courthouse Town	Return date (Month, day, year) (Leave Blank)
Address of Court (Number, street, city) Your Courthouse Address and City	Case management date* (Leave Blank)	Case type (From code list above) Major F Minor 00
Plaintiff's name (Last, first, middle initial) Your Name	Plaintiff's address (Number, street, town, zip code) Your Street Address, Town, State, Zip Code	PTY No. P-01
Defendant's name (Last, first, middle initial) Your Spouse's Name	Defendant's address (If known) (Number, street, town, zip code) Your Spouse's Street Address, Town, State, Zip Code	D-01

* See Form JD-FM-165A - C

Notice To The Defendant Named Above

1. You are being sued.
2. This paper is a Summons in a lawsuit.
3. The Complaint attached to these papers states the claims that the Plaintiff is making against you in this lawsuit.
4. To respond to this Summons, or to be informed of further proceedings, you or your attorney must file a form called an "Appearance" with the Clerk of the above-named Court at the above Court address on or before the second day after the above Return Date. The Return Date is the date your case is officially in court. It is not a date you have to come to court unless another notice says that you have to be in court that day.
5. If you or your attorney do not file a written "Appearance" form on time, the Court may enter judgment against you for the relief requested in the Complaint, which may result in temporary or permanent orders without further notice.
6. The "Appearance" form may be obtained at the Court address above or at www.jud.ct.gov under "Forms."
7. If you have questions about the Summons, Complaint, or Notice of Automatic Court Orders (JD-FM-158), you should talk to an attorney quickly. **The Clerk of Court is not allowed to give advice on legal questions.**

Date (Leave Blank)	Signed (Comm. of Superior Court or Ass't Clerk sign and "X" proper box) (Leave Blank)	<input type="checkbox"/> Comm. of Superior Court <input type="checkbox"/> Assistant Clerk	Name of person signing at left (Leave Blank)
For The Plaintiff Please enter the appearance of:	Name of attorney, law firm or self-represented party Print Your Name	Juris number (If attorney or law firm) (Leave Blank)	Telephone number (Area code first) Your Phone Number
Mailing address (Number, street, town, zip code) Your Mailing Address, Town, State, Zip Code	Signed (Plaintiff, if self-represented party or attorney for plaintiff) Your Signature		

If this summons is signed by a clerk:

- a. The signing has been done so that the Plaintiff will not be denied access to the courts.
- b. It is the responsibility of the Plaintiff to see that service is made in the manner provided by law.
- c. The clerk is not permitted to give any legal advice in connection with any lawsuit.
- d. The clerk signing this summons at the request of the Plaintiff is not responsible in any way for any errors or omissions in the Summons, any allegations contained in the Complaint, or the service of the Summons or Complaint.

I certify I have read and understand the above.	Signed (Plaintiff, if self-represented party) Your Signature	Date signed Date Signed	FOR COURT USE File date
The Judicial Branch complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation in accordance with the ADA, contact the clerk's office indicated above.			Docket number (Leave Blank)