

MOTION FOR MODIFICATION

JD-FM-174 Rev. 3-20
C.G.S. §§ 46b-84, 46b-86
P.B. §§ 25-26, 25-30, 25-57, 25a-18, 25a-30
(Select one)

For information on ADA accommodations,
contact a court clerk or go to: www.jud.ct.gov/ADA.

STATE OF CONNECTICUT

SUPERIOR COURT

www.jud.ct.gov



Before judgment **After judgment** If the court has ordered you to attach a request for leave with a motion for modification of a final custody or visitation order, you must complete and attach a Request for Leave form (JD-FM-202) to this motion.

Judicial District of	At (Town)	Docket number
Plaintiff's name	Plaintiff's address (Number, street, city, state, zip code)	
Defendant's name	Defendant's address (Number, street, city, state, zip code)	

Type of Motion to Modify

Child Support Alimony Custody Visitation Other (Specify): _____

I, _____, the Plaintiff the Defendant a Support Enforcement Officer, state that:
(Name)

1. This Court issued an order dated _____ directing _____, residing at _____, to: (Complete the boxes that apply to your motion)
(Number, street, city, state, zip code)

Pay current support in the amount of: \$ _____ every (per) _____	Pay alimony in the amount of: \$ _____ every (per) _____	
Pay arrearages as follows: \$ _____ every (per) on the total arrearage owed of \$ _____ as of (date) _____		
Have custody of the child/children: (Select one) <input type="checkbox"/> Joint legal custody <input type="checkbox"/> Sole custody	Have visitation or parenting time as follows:	Primary residence of children with:
Provide health insurance coverage <input type="checkbox"/> No <input type="checkbox"/> Yes	Pay _____ % of unreimbursed medical expenses	Provide HUSKY/cash medical \$ _____ every (per) _____
Contribute to child care % or \$ _____	Other (Specify): _____	

2. You must explain briefly the facts that are the reasons why you are asking for this modification.

(Select appropriate box or boxes. Attach additional sheet or sheets, if necessary.)

Since the date of the order, the circumstances in this case have changed substantially, as follows:

The order for current child support is substantially different from the current child support and arrearage guidelines presumptive child support order, as follows:

3. The plaintiff defendant is a "deploying parent" of the armed forces. The facts about that deployment or mobilization are:

4.a. I am receiving state assistance or HUSKY health insurance, or I have received it in the past. Yes No

4.b. Any child that this motion is about is receiving state assistance or HUSKY health insurance, or has received it in the past. Yes No

If you answered "Yes" to either of these questions, you must send a copy of this motion to: The Office of the Attorney General, 165 Capitol Avenue, Hartford, CT 06106. If you don't give the Attorney General's Office a copy, your motion may take longer to decide.

I ask the Court to modify (change) the existing order or orders as follows: (Select all that apply)

a. Child Support (You must file a sworn to Financial Affidavit (JD-FM-6) at least 5 days before the hearing. You must also file a completed Worksheet for the Connecticut Child Support and Arrearage Guidelines (CCSG-1) and an Advisement of Rights Re: Income Withholding (JD-FM-71) on your hearing date. You may also need to file an Affidavit Concerning Children (JD-FM-164) on your hearing date.)

<input type="checkbox"/> Order current support	<input type="checkbox"/> Find arrearage and order payment	<input type="checkbox"/> Order immediate income withholding
<input type="checkbox"/> Increase current support	<input type="checkbox"/> Provide HUSKY/cash medical	<input type="checkbox"/> Provide health insurance coverage
<input type="checkbox"/> Decrease current support	<input type="checkbox"/> Contribute to child care	<input type="checkbox"/> Other _____

b. Alimony (You must file a sworn to Financial Affidavit (JD-FM-6) at least 5 days before the hearing. You must also file an Advisement of Rights Re: Income Withholding (JD-FM-71) on your hearing date.)

<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	<input type="checkbox"/> Modify custody as follows:
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the amount of alimony to be paid.

Plaintiff's name	Defendant's name	Docket number
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d. Visitation/Parenting Time

(You must file a sworn to Financial Affidavit (JD-FM-6) at least 5 days before the hearing. You must also file an Affidavit Concerning Children (JD-FM-164) and a completed Worksheet for the Connecticut Child Support and Arrearage Guidelines (CCSG-1) on your hearing date.)

Modify visitation (parenting time) as follows:

e. Other

(Please be specific)

Signature (Self-represented party or attorney)	Print name	Title (If applicable)	Date signed
Address (Number, street, city, state, zip code)		Phone number	

Certification

I certify that a copy of this document was or will immediately be 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 of record who received or will immediately be 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 that the copy was mailed or delivered to.

Signed (Self-represented party or attorney)	Print or type name of person signing	Date signed
►		

Order for Hearing and Summons (To be completed by Clerk or Support Enforcement Officer, if applicable)

The Court orders that a hearing be held at the time and place shown below. The Court also orders the

Plaintiff Defendant Support Enforcement Officer 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 must be made to this Court at least **6 days** before the date of hearing.

Hearing to be held at ➔	Superior Court, Judicial District of	Date
	Court Address	Room Number

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 and Summons on the person named below 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 **6 days** before the hearing.

Person to be served	Address	
By the Court	Assistant Clerk/Support Enforcement Officer	Date signed

Order The court has heard this motion and orders it

Granted Denied and Further orders (if applicable):

By the Court (Judge/Family Support Magistrate/Assistant Clerk) Date Ordered

For Court Use Only

Fee for Motion to Modify: Paid Waived