

**ANSWER
PARENTAGE PETITION**

JD-FM-187 Rev. 1-22
C.G.S. § 46b-160; P.A. 21-15

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



NOTICE

If you fail to return this form, the court will enter a default judgment against you, find that you are the parent of the child or children named in the Parentage Petition, and enter support orders for the child or children as required by law without your participation in the case.

Instructions

1. Complete the information below and file this form with the court clerk.
2. Keep a copy for your records.

Judicial District of	At (Town)	Docket number
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Petitioner's name (First, Middle Initial, Last)

Petitioner's address

Defendant's name (First, Middle Initial, Last)

Defendant's address

For the child or children listed in the Petition (Select all that apply):

- ☐ I admit that I am a parent of
(list name(s) of children) _____.
- ☐ I deny that I am a parent of
(list name(s) of children) _____.
- ☐ I don't know whether I am a parent of
(list name(s) of children) _____.

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 or will be mailed or delivered to*

*If necessary, attach additional sheet or sheets with name and address which the copy was or will be 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