

APPEAL FROM FAMILY SUPPORT MAGISTRATE

JD-FM-111 Rev. 2-20
C.G.S. § 46b-231(n), P.B. §§ 25a-5, 25a-29

COURT USE ONLY
APFFSM


STATE OF CONNECTICUT SUPERIOR COURT

www.jud.ct.gov



Instructions to person appealing the decision (Appellant)

1. Type or print this form neatly and sign the certification section below.
2. Give the reasons for the appeal on this form and, if necessary, on a separate piece of paper with the title of Petition and attach that petition to this form.
3. Mail or deliver a copy of this form **and all sheets that are attached**, if any, to each party in the case, and mail one copy, by certified mail, to the following address: OFFICE OF ATTORNEY GENERAL, CHILD SUPPORT DEPARTMENT, 165 CAPITOL AVENUE, HARTFORD, CT 06106.
4. Give this form, **and all sheets that are attached**, if any, to the clerk of the court for the Judicial District where the magistrate's decision was made **WITHIN 14 DAYS OF**.
 - a. the date the final decision of the magistrate was given to the clerk, **or**
 - b. if a rehearing was asked for, and a decision was made on that request, the date the notice of the decision on the request was given to the clerk, **whichever is later**.

Name of case	Docket number	
Name and address of Court	Name of magistrate who made decision	
Date magistrate's decision was filed with (given to) the Court	Date decision on request for rehearing was filed with the Court (If a request was filed)	
Attorneys or self-represented (pro se) party or parties at magistrate hearing ►	Attorney for plaintiff (Include Juris number) or name of self-represented party	Attorney for respondent (Include Juris number) or name of self-represented party
Transcript <input type="checkbox"/> Has been ordered <input type="checkbox"/> Not necessary	Explain why a transcript is not necessary (if applicable):	
Additional evidence requested <input type="checkbox"/> No <input type="checkbox"/> Yes	- If yes, attach statement pursuant to section 46b-231(n)(5) of the Connecticut General Statutes	

Notice

When a Family Support Magistrate decision is appealed, the support order remains in effect until the appeal is decided. When the appeal is decided, the decision may change the original support order or the original support order may remain in effect without any changes. Any order made by the court as a result of this appeal may be made effective beginning on the date the original order was made.

Petition

The reasons for this appeal are:*

*If necessary, attach additional sheet(s).

Signed (Attorney or self-represented party)	Telephone number	Juris number of attorney
Appeal by:		
Name of person signing above	Mailing address	

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.

Mailing address (Number, street, town, state and zip code)	Telephone number
Signed (Attorney or self-represented party) ►	Court Use Only
Print or type name and mailing address of person signing	File date
I further certify that a copy was mailed, by certified mail, to the Office of the Attorney General, Child Support Department, 165 Capitol Avenue, Hartford, CT 06106.	