

**APPLICATION FOR CONTEMPT
ORDER, INCOME WITHHOLDING,
AND/OR OTHER RELIEF**JD-FM-15 Rev. 3-17
C.G.S. §§ 46b-215, 46b-220, 46b-231, 52-362;
45 CFR 303.6**STATE OF CONNECTICUT
SUPERIOR COURT**
www.jud.ct.gov

Court Use Only

CITWFRD**Instructions****To Clerk**

1. Check all information for accuracy.
2. Sign the "Order" and "Summons"
3. Return original to preparer.

To Proper Officer

See instructions on back/page 2.

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.

Application

This Application is against <small>(Give name and address of respondent)</small> _____				
and is for: <input type="checkbox"/> "x" all that apply A Contempt Order <input type="checkbox"/> An Income Withholding <input type="checkbox"/> A Plan to pay past-due support <input type="checkbox"/> An Order to participate in work activities				
Name of case <small>(Plaintiff vs. Defendant)</small>				Docket number
Judicial District		Address of Court <small>(Number, street, and town)</small>		
Name of applicant <small>(Support Enforcement Officer making application)</small>		Address of applicant <small>(Number, street, and town)</small>		
Date of judgment or agreement	Amount of Order \$	Total balance owed \$	Delinquency <small>(Amount overdue)</small> \$	As of <small>(Date)</small>
Health insurance ordered <input type="checkbox"/> Not made available <input type="checkbox"/> Not maintained		Contributions not made <input type="checkbox"/> Child care <input type="checkbox"/> Unreimbursed medical expenses		
<i>I certify that the information given above is true to the best of my knowledge and belief:</i>				
Signed		Title <small>(If applicable)</small>		Date signed
Name of person signing		Address <small>(Number, street, and town)</small>		Telephone number

Order And Summons

The respondent named above is ordered to come to the Superior Court/Family Support Magistrate Division at:			
Address of Superior Court/Family Support Magistrate Division	On <small>(Day of week)</small>	Date <small>(Month, day, year)</small>	Time <small>(A.M./P.M.)</small>
to: "x" all that apply			
1. <input type="checkbox"/> Give the reason or reasons why he or she should not be found to be in contempt of court for: <input type="checkbox"/> not paying support, <input type="checkbox"/> not paying child care, <input type="checkbox"/> not paying unreimbursed medical expense contributions, <input type="checkbox"/> not providing or maintaining health insurance as ordered by the Court or by the Family Support Magistrate.			
2. <input type="checkbox"/> Give the reason or reasons why: <input type="checkbox"/> an income withholding should not be ordered against the respondent, <input type="checkbox"/> a license suspension should not be ordered against the respondent, <input type="checkbox"/> an order for a plan to pay any past-due support should not be ordered against the respondent, <input type="checkbox"/> an order to participate in work activities should not be ordered against the respondent.			
To: Any Proper Officer By Authority of the State of Connecticut , you are commanded to serve and make return of service of this application and order on the respondent named above according to law at least 12 days, inclusive, before the court appearance "Date" indicated below.			
By the Court/Family Support Magistrate Division	<input type="checkbox"/> J. <input type="checkbox"/> F.S.M.	Signed <small>(Assistant Clerk, Support Enforcement Officer)</small>	Date signed

Notice To Respondent (To be completed by proper officer)**1. You have been ordered to be in court at:**

Address of Superior Court/Family Support Magistrate Division	On <small>(Day of week)</small>	Date <small>(Month, day, year)</small>	Time <small>(A.M./P.M.)</small>
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2. If you do not come to court on the court date and time shown above, a **capias** may be issued **(ordered)** for your arrest and an income withholding may be ordered against your income.

3. Your ability to pay is the most important thing that the court will look at when deciding whether you are in contempt (have failed to follow the court order) and what the consequences will be for that contempt.

4. In certain situations, the Court or Family Support Magistrate may order that your motor vehicle driver's license, commercial driver's license, or your professional, occupational, or recreational license (if you have one) is suspended if you have failed to follow the support order. The Court or Family Support Magistrate may also order a plan for payment of any past-due support and require you to take part in work activities so that you can follow the support order.

Order *(For use by Court/Family Support Magistrate Division only)*

This application has been heard and it is found that the Respondent is in arrears as of *(date)* _____ in the amount of \$ _____. It is **ordered**:

By the Court/Family Support Magistrate Division	<input type="checkbox"/> J. <input type="checkbox"/> F.S.M.	Signed <i>(Assistant Clerk)</i>	Date of Order
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Instructions To Proper Officer

1. If applicable, fill in information required in the "Order and Summons" section and the "Notice to Respondent" section on front before making service.
2. Serve the copy on the respondent.
3. Complete the "Return of Service" section below and return.

Return of Service

Then and there by virtue of the original application, and by order of the Court or Family Support Magistrate Division, I served the Respondent with a true and attested copy of the original application, order and summons by *(specify method of service)* _____

The within and foregoing is the original application, order and summons with my doings thereon endorsed.

Signed <i>(State Marshal, Support Enforcement Off., Proper Officer)</i>	Print name and title of signer	Date served
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COPY _____
ENDORSEMENT _____
SERVICE _____
TRAVEL _____
TOTAL _____

A TRUE AND ATTESTED COPY, ATTEST: _____
(State Marshal or proper officer)