

**RETURN OF SERVICE:
EMPLOYER/EMPLOYER'S OFFICIAL**

JD-FM-130 Rev. 3-09

Pr. Bk. § 10-14, C.G.S. 52-57(f)

STATE OF CONNECTICUT
SUPERIOR COURT
SUPPORT ENFORCEMENT SERVICES



Re: Name of employee		Date of birth	Date
Name of case		Subject of process	
Judicial District of	At (Town)	Docket number	

To:

Important

*Read this entire form. Personal, in-hand service
of the enclosed documents is required.*

Notice To Employer Or Employer's Official

This is to notify you that you are required to promptly deliver the enclosed documents to the employee named above in accordance with Connecticut General Statutes Section 52-5 (f), as amended (*printed on back/page 2*). As proof of your compliance with this statute, you must complete, sign and date the "Certification of Delivery" below as soon as

you deliver the documents. Return the completed form by mail using the pre-addressed, stamped envelope provided.

If you have any questions, call me, the person signing below, at the telephone number given below.

Signed (Support Enforcement Officer, Support Enforcement Investigator)	Date signed	Print or type name signed at left	
Office address		Telephone	

Certification Of Delivery

(*"X" box 1 or 2 and fill in the information requested.*)

- ☐ 1. I certify that I delivered the documents to the employee named above as required above and in accordance with Connecticut General Statutes Section 52-57(f), as amended, on:

Date of delivery	At (Address at which delivery was made)
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- ☐ 2. I did not deliver the enclosed documents to the above-named employee for the following reason(s)*:

State reason(s) for inability to deliver
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**Return the documents along with this form in the envelope provided.*

I certify that the above statement is true and accurate to the best of my knowledge and belief.	Signed (Employer/Employer's Official) ▶	Date signed
Print or type name signed above	Title	Telephone