

**PARENTAGE PETITION  
TITLE IV-D**

JD-FM-146 Rev. 1-22  
C.G.S. §§ 17b-179, 46b-160,  
46b-162, 46b-171, 46b-172,  
46b-215, 46b-231; P.A. 21-15

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**F-80**



STATE OF CONNECTICUT  
**SUPERIOR COURT**  
[www.jud.ct.gov](http://www.jud.ct.gov)



Judicial District of	Address of Court (Number, street, city)	Docket number
Petitioner <b>Commissioner of Social Services</b> (In the matter of: _____) (Last, First, Middle Initial)		
Defendant's name (Last, First, Middle Initial)		

**Parentage Petition**

The State of Connecticut, acting through its Commissioner of Social Services, has an interest in the parentage and support of the child or children identified in the attached Verified Statement of Facts because Title IV-D services are being provided by the State.

The Commissioner files this Parentage Petition against the Defendant because the birth parent has stated that the Defendant is a parent of a child or the children named on the Verified Statement of Facts, which is attached to this petition and is incorporated herein by reference and is the basis of this petition.

The Commissioner asks that the Judge or Family Support Magistrate find and enter judgment that the Defendant is a parent of the child or children and make support orders as required by law (Sections 17b-179, 46b-160, 46b-162, 46b-171, 46b-172, 46b-215 and 46b-231 of the Connecticut General Statutes). The Commissioner also asks for the enforcement of the support orders, as permitted by law, and an order that payments be distributed to the State of Connecticut or to the custodian, as required by Title IV-D of the Social Security Act.

Signed (Petitioner by: William Tong, Attorney General, by: Assistant Attorney General)	Date
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**Appearance**

Please enter the appearance of:

Name of Assistant Attorney General	Juris number	OCSS juris number
Address	Telephone number ( )	
Signed (Assistant Attorney General)	Date signed	

**Summons and Order for Hearing**

To Any Proper Officer:

By the authority of the State of Connecticut you are commanded to make service of this Parentage Petition, Appearance, Summons and Order for Hearing and Notice to the Defendant, and Verified Statement of Facts on the Defendant identified by leaving a true and attested copy in the Defendant's hands, at the Defendant's usual place of abode, or with the Defendant's employer in accordance with Section 52-57 of the Connecticut General Statutes.

**Service and return to the clerk shall be accomplished no later than** \_\_\_\_\_ *(21 days prior to court date).*

**Notice to the Defendant:**

1. This parentage petition has been filed against you claiming that you are a parent of the child or children named in the Verified Statement of Facts on the back/page 2 of this petition. If the court finds that you are a parent of the child or children, the court will require you to financially support the child or children until they turn 18.
2. You have the right to be represented by an attorney in this case, and if you cannot afford an attorney, you must file an *Application for Waiver of Fees/Payment of Costs/Appointment of Counsel*, form JD-FM-75. If the court finds that you are eligible, the court will appoint an attorney to represent you.
3. You must file the *Answer, Parentage Petition*, form JD-FM-187 with the court, and if you do not admit to being a parent, the court may order you to take a genetic test, which will be paid for by the State.
4. You must attend the court hearing at the date and time listed below. If you do not file an answer, attend the court hearing, and take any genetic test the court orders, the court may find that you are a parent of the child or children and make support orders without your participation in the case.

<b>The Hearing will be held</b> → <input type="checkbox"/> Remotely <input type="checkbox"/> In-person	Superior Court, Judicial District of		Date
	Court address (Number, street, city, state and zip code)	Room number	Time

Signed (Commissioner of the Superior Court)	Date signed
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## Verified Statement of Facts (Parentage)

The person signing this verified statement of facts states that they are authorized by the Commissioner of Social Services to provide the following sworn statement of facts (numbers 1 through 6 below), which is based on information obtained in performing the duties of their employment and are true and correct to the best of their knowledge and belief:

1. The Office of Child Support Services, Department of Social Services, is providing Title IV-D child support enforcement services to the custodian \_\_\_\_\_ on behalf of the child or children  
(Name)  
listed below in number 2. The custodian is the child's or the children's \_\_\_\_\_  
(State relationship to child or children)

Type of case (Select all that apply):

☐ Temporary Family Assistance (TFA) ☐ IV-E/Foster Care ☐ Medicaid/HUSKY A ☐ Non-TFA

2. The following child or children are the subject of this petition:

Name of child (Last, First, Middle Initial)	Date of birth (Month, day, year)	Name of child (Last, First, Middle Initial)	Date of birth (Month, day, year)

3. The birth parent of the child or children is:

Name (Last, First, Middle Initial)

4. The birth parent:

- ☐ was unmarried at the time the child or children was or were born or conceived.  
☐ was married at the time the child or children were born or conceived but that spouse is not the child's or children's parent.  
☐ was married to the defendant at the time the child or children was or were born or conceived.  
☐ was not married at the time the child or children was or were born or conceived, but the defendant resided in the same household with the child or children and openly held out the child or children as the person's own child or children from the time the child or children was or were born or adopted and for at least 2 years thereafter.

5. The birth parent of the child or children has provided the State of Connecticut with a sworn Affirmation of Parentage stating \_\_\_\_\_ is a parent of the child or children.  
(Name)

6. There is no prior legal finding of parentage of the child or children and the Commissioner of Social Services is filing this Parentage Petition to legally determine parentage and obtain support orders.

Signed (Investigator / Supervisor Department of Social Services)

Dated at \_\_\_\_\_, Connecticut on \_\_\_\_\_, 20 \_\_\_\_.

Personally appeared \_\_\_\_\_, an Investigator/Supervisor, in the Department of Social Services, who, being duly sworn, made oath and signed that the facts stated above are true.

\_\_\_\_\_  
Commissioner of the Superior Court

Notary Public (My comm. exp. \_\_\_\_\_)

OCSS Investigator