

**AGREEMENT TO SUPPORT
(FINANCIAL AND MEDICAL)**

JD-FM-147 Rev. 1-22
C.G.S. §§ 17b-179, 17b-745, 46b-168a(b), 46b-172,
46b-215, 46b-231, 52-362, 53-304(c); P.A. 21-15

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STATE OF CONNECTICUT
SUPERIOR COURT

www.jud.ct.gov



COURT USE ONLY

AGMTSPT



Judicial District of

Address of court (Number, Street, City)

Docket number

Plaintiff's name (Last, first, middle initial)

Place of birth

Date of birth

Defendant's name (Last, first, middle initial)

Place of birth

Date of birth

Name of child

Date of birth

Agreement to Support - Financial

I, (name) _____, the (select one) Plaintiff Defendant, being duly sworn, agree and declare that I am the legally responsible parent of the child or children listed above, as shown by the attached documentation. I understand that I have the right to talk to an attorney before signing this agreement. I, therefore, knowingly and voluntarily further agree to the following:

Current Support	I will pay current child support for the child or children listed above in the total amount of \$ _____ per _____. I understand that my obligation to pay current support continues until that child or children have reached the age of eighteen (18), or, if any child is unmarried and a full time high school student, until that child completes the twelfth grade or reaches the age of nineteen (19), whichever happens first, or until these payments are modified (changed) by a court order or another agreement that is approved by the court.
Arrearage	I will pay \$ _____ per _____ on a total arrearage of \$ _____ as of _____, 20____ until that arrearage is fully paid, or until that payment is modified (changed) by a court order or another agreement that is approved by the court. The total arrearage is owed to the State of Connecticut and/or ("X" one) <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant as shown on the attached Child Support and Arrearage Guidelines Worksheet.
Child Care	I will provide a _____ % child care contribution as required by the Child Support and Arrearage Guidelines.
Genetic Testing Costs	I will reimburse (pay back) the State of Connecticut \$ _____ for the costs of genetic tests that I asked for. If an amount is listed in this box, I am not a low-income obligor under the child support guidelines, and I am not otherwise indigent and unable to pay such costs.
Income Withholding	I have been advised of (told about) my rights about income withholding. All payments will be withheld from my income to the extent that the law permits. I will send my payments directly to CCSPC, P.O. Box 990031, Hartford, CT 06199-0031 until income withholding begins, or if income withholding does not apply to me. If the full amount cannot be deducted from my income, I will pay the difference to the State Disbursement Unit at CCSPC, P.O. Box 990031, Hartford, CT 06199-0031.

Agreement to Support - Medical (Plaintiff)

I (name of plaintiff) _____ being duly sworn, agree and declare that I am the legally responsible parent of the child or children listed above, as shown by the attached documentation. I, therefore, knowingly and voluntarily further agree to the following:

Select all that apply

1. Reasonable Cost: I understand that I am responsible for the continuing medical support obligations selected in paragraphs 2-4 in this section if they are available to me at reasonable cost, as selected below:

I am low-income according to the child support guidelines. My net income is \$ _____ per week under the guidelines, and "reasonable cost" is less than or equal to 5% of my net income.

I am not low-income according to the child support guidelines. My net income is \$ _____ per week under the guidelines, and "reasonable cost" is less than or equal to 7½% of my net income.

2. Insurance Coverage:

I will provide medical dental insurance coverage for the child or children that is available to me at reasonable cost.

Insurance coverage is not available to me at reasonable cost now. I will provide medical and dental insurance coverage for the child or children when it becomes available at reasonable cost. When I get insurance, I will report the name of the insurance company, the policy number, and the name(s) of the person(s) covered by the policy to Support Enforcement Services.

3. HUSKY Coverage: Insurance coverage is not available to me at reasonable cost now, or is not available for the child or children. I will apply for and keep coverage under the HUSKY Plan for the child or children until I can get insurance coverage for them.

4. Cash Medical Support:

I agree to pay \$ _____ per _____ cash medical support to (name) _____ or the State, as their interests may appear, toward the cost of premiums for health insurance coverage provided by (name) _____ or by HUSKY or another public entity. I understand and agree to keep paying this amount only so long as the child or children are covered by a health insurance plan or by HUSKY.

I agree to pay \$ _____ per _____ cash medical support to (name of provider or person obligated to pay provider) _____ toward the following ongoing extraordinary medical or dental expenses: _____

until (date) _____ or until such expenses are fully paid.

5. Unreimbursed Expenses: I am responsible for _____ % of all unreimbursed and uninsured medical, dental, and hospital expenses for the child or children, as required by the child support guidelines.

Agreement to Support - Medical (Defendant)

I (name of defendant) _____ being duly sworn, agree and declare that I am the legally responsible parent of the child or children listed above, as shown by the attached documentation. I, therefore, knowingly and voluntarily further agree to the following:

Select all that apply

1. Reasonable Cost: I understand that I am responsible for the continuing medical support obligations selected in paragraphs 2-4 in this section if they are available to me at reasonable cost, as selected below:

I am low-income according to the child support guidelines. My net income is \$ _____ per week under the guidelines, and "reasonable cost" is less than or equal to 5% of my net income.

I am not low-income according to the child support guidelines. My net income is \$ _____ per week under the guidelines, and "reasonable cost" is less than or equal to 7½% of my net income.

2. Insurance Coverage:

I will provide medical dental insurance coverage for the child or children that is available to me at reasonable cost.

Insurance coverage is not available to me at reasonable cost now. I will provide medical and dental insurance coverage for the child or children when it becomes available at reasonable cost. When I get insurance, I will report the name of the insurance company, the policy number, and the name(s) of the person(s) covered by the policy to Support Enforcement Services.

3. HUSKY Coverage: Insurance coverage is not available to me at reasonable cost now, or is not available for the child or children. I will apply for and keep coverage under the HUSKY Plan for the child or children until I can get insurance coverage for them.

4. Cash Medical Support:

I agree to pay \$ _____ per _____ cash medical support to (name) _____ or the State, as their interests may appear, toward the cost of premiums for health insurance coverage provided by (name) _____ or by HUSKY or another public entity. I understand and agree to keep paying this amount only so long as the child or children are covered by a health insurance plan or by HUSKY.

I agree to pay \$ _____ per _____ cash medical support to (name of provider or person obligated to pay provider) _____ toward the following ongoing extraordinary medical or dental expenses: _____

until (date) _____ or until such expenses are fully paid.

5. Unreimbursed Expenses: I am responsible for _____ % of all unreimbursed and uninsured medical, dental, and hospital expenses for the child or children, as required by the child support guidelines.

Guidelines and Effective Date

Guidelines	The payments described in this agreement <i>(Select one)</i> <input type="checkbox"/> comply with the Connecticut Child Support and Arrearage Guidelines; or <input type="checkbox"/> deviate from the Connecticut Child Support and Arrearage Guidelines. The following deviation criteria apply:
Effective Date	The effective date of this agreement is <i>(date)</i> _____.

Signatures

This agreement, when filed with the Superior Court and approved by a Judge or Family Support Magistrate, shall have the same force and effect as an order of support by the Superior Court, and shall be enforceable in the same manner as provided for orders of support issued by the Court.

Signature *(Plaintiff)*

STATE OF CONNECTICUT
COUNTY OF _____

On this the _____ day of _____ 20____, before me, _____, the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to the foregoing instrument, and acknowledged that he/she executed the same by his/her free act and deed for the purposes therein contained.

In witness whereof I hereunto set my hand.

*Commissioner of the Superior
Court Notary Public (My commission expires _____)
Other Proper Officer*

Signature *(Defendant)*

STATE OF CONNECTICUT
COUNTY OF _____

On this the _____ day of _____ 20____, before me, _____, the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to the foregoing instrument, and acknowledged that he/she executed the same by his/her free act and deed for the purposes therein contained.

In witness whereof I hereunto set my hand.

*Commissioner of the Superior
Court Notary Public (My commission expires _____)
Other Proper Officer*

Order

The agreement is ordered:

Approved

Disapproved

By the Court *(Judge, FSM)*

Signed

Date ordered