

**AGREEMENT TO SUPPORT  
(MEDICAL ONLY)**

JD-FM-147A 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

For information on ADA  
accommodations,  
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COURT USE ONLY

ATSMED

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

Complete this form and attach the Connecticut Child Support and Arrearage Guidelines worksheet and supporting document(s) that establish the duty to support (for example, acknowledgment of parentage, marriage certificate, adjudication of parentage, or adoption order). Attach Advisement of Rights (form JD-FM-71) and current financial affidavit(s). If there are other financial support agreements, complete the Agreement to Support (Financial and Medical), form JD-FM-147, instead of this form.

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	Name of child	Date of birth
Name of child	Date of birth	Name of child	Date of birth
Name of child	Date of birth	Name of child	Date of birth

**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 checked in paragraphs 2-4 in this section if they are available to me at reasonable cost, as checked 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 checked in paragraphs 2-4 in this section if they are available to me at reasonable cost, as checked 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.

**Genetic Testing Costs and Effective Date**

<b>Genetic Testing Costs</b>	I, <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant 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.
<b>Effective Date</b>	The effective date of this agreement is (Date) _____

**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