

**SUPPORT PETITION  
TITLE IV-D**JD-FM-148 Rev. 1-22  
C.G.S. §§ 17b-179, 46b-172, 46b-215;  
P.A. 21-15STATE OF CONNECTICUT  
**SUPERIOR COURT**[www.jud.ct.gov](http://www.jud.ct.gov)

COURT USE ONLY

**Case Type****F-85****ADA NOTICE**

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Judicial District of	Address of Court ( <i>Number, street, city</i> )	Docket Number
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Petitioner (*Commissioner of Social Services*)Defendant's name (*Last, First, Middle Initial*)**Support Petition**

The State of Connecticut, acting through its Commissioner of Social Services, has an interest in the 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 support petition against the defendant who is the person legally liable for the child or children named in 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 enter judgment establishing support orders as allowed by law. The Commissioner asks for the enforcement of such orders as permitted by law, distributed to the State of Connecticut or to the custodian as required by Title IV-D of the Social Security Act.

Signed ( <i>Petitioner by: William Tong, Attorney General, by: Assistant Attorney General</i> )	Date
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**Appearance**

Please enter the appearance of:

Name of Assistant Attorney General	E-mail address	Juris number	OCSS juris number
Address			Telephone number
Signature ( <i>Assistant Attorney General</i> )			Date signed

**Summons and Order for Hearing and Notice to Defendant**

To Any Proper Officer:

By the authority of the State of Connecticut you are commanded to make service of this Support Petition, Appearance, Summons and Order for hearing and Notice to the Defendant, and Verified Statement of Facts (*Support*) 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*).

To the Defendant:

1. This support petition has been filed against you claiming that you are required to support the child or children named in the Verified Statement of Facts on page 2.
2. You must attend the court hearing to make any defense you may have to and/or to be otherwise heard on this request for support orders. If you do not attend the court hearing at the date, time and place listed below, the Court or Family Support Magistrate may enter support orders that affect you without your participation or issue a *capias mittimus* (civil arrest order) against you.

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

Signed ( <i>Commissioner of the Superior Court</i> )	Date signed
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## Verified Statement of Facts (Support)

The person signing this verified statement of facts states that he or she is 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 his or her employment and are true and correct to the best of his or her 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 listed below in number 2. The custodian is the child's or the children's \_\_\_\_\_.

(Name)

(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. Support orders are requested for the following child or children:

Name of Child (Last, first, middle initial)	Date of Birth (Month, day, year)	Legal Status (adjudicated, acknowledged, issue of marriage, adoption, birth parent, other)	Docket Number (if any)

3. The defendant's full name, address and relationship to the child or children:

Name (Last, first, middle initial)	Address (Number, street, city, state, zip code)	Relationship to child or children

4. The Commissioner of Social Services has investigated the defendant's financial condition and determined that the defendant has the ability to pay child support and arrearages due, in accordance with the attached *Worksheet for the Connecticut Child Support and Arrearage Guidelines (form CCSG-1)*.
5. No order of judgment has been entered requiring such payments, and no proceeding has been brought or is pending seeking such payments.
6. The defendant has refused or neglected to furnish necessary support to the child or children as required by law and the petitioner has instituted support petition proceedings in order to establish financial and medical support obligations.

Signed (OCSS Investigator/Supervisor Department of Social Services)

Subscribed and sworn to before me on:	Date	Signed (Commissioner of Superior Court, OCSS Investigator, Notary Public (My commission expires _____))
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