COURT ORDER -
FAMILY SUPPORT MAGISTRATE
JD-FM-170 Rev. 1-22

This form is available in other language(s).

STATE OF CONNECTICUT
SUPERIOR COURT
www.jud.ct.gov

ADA NOTICE
The Judicial Branch of the State of Connecticut complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation in accordance with the ADA, contact a court clerk or an ADA contact person listed at *www.jud.ct.gov/ADA.*

Court Use Only
JDFM170

Instruction to Clerk
Keep the original and forward the copies to the State Case Registry. If this order includes a IV-D adjudication of parentage, also forward a certified copy of this form to the State Case Registry.

Judicial District	Court location *(Number, street and town)*		Docket number
Defendant in Military? ☐ YES ☐ NO	AAG Present? ☐ YES ☐ NO	SES Present? ☐ YES ☐ NO	File companionized with docket number:
Plaintiff's name ☐ Present ☐ Not Present	Assisted by Interpreter ☐ YES ☐ NO	Plaintiff's attorney *(Name if applicable)* ☐ Present ☐ Not Present	
Defendant's name ☐ Present ☐ Not Present	Assisted by Interpreter ☐ YES ☐ NO	Defendant's attorney *(Name if applicable)* ☐ Present ☐ Not Present	

Case Description

Case Type ☐ Parentage ☐ Support ☐ Dissolution ☐ Custody ☐ Other: *(Specify)* _____

Type of motion ☐ Contempt ☐ Modification ☐ Other: (*Specify*) _____ Entry Number(s)

Type of judgment ☐ Parentage *(JDGPAT)* ☐ Support *(JDGSPT)* ☐ No Parentage *(JDNOPAT)* ☐ Dismissal *(JDGDACT)* ☐ Dismissal *(JODD)*

Type of service on: (*date*) _____ ☐ Certified Mail ☐ Abode ☐ In hand ☐ Other: _____

Children *(If parentage action, fill in date of birth)*

Name	D.O.B. *(If parentage action)*	Name	D.O.B. *(If parentage action)*
1.		4.	
2.		5.	
3.		6.	

Order

Parentage

Defendant found to be the parent of *(Name of Child/Children)*

Defendant found not to be the parent of *(Name of Child/Children)*

Child Support

Motion to modify ☐ Granted ☐ Denied

Child support
$ _____ ☐ Per week ☐ Per month payable to: ☐ Plaintiff ☐ Defendant ☐ Other: _____
☐ Allocated as follows (if applicable): _____

Effective date: _____ ☐ Immediate income withholding ☐ Contingent income withholding

Arrearage
$ _____ as of *(date)* _____ to be paid to: ☐ Plaintiff ☐ Defendant at $ _____ per ☐ week ☐ month ☐ other: _____

Arrearage
$ _____ as of *(date)* _____ to be paid to State of Connecticut at $ _____ per ☐ week ☐ month ☐ other: _____

Lump sum
$ _____ to be paid on or before *(date)* _____ to: ☐ Plaintiff ☐ Defendant ☐ Other (*specify below*): _____ ☐ Pay through SES

Guideline deviation	If yes, guideline amount	Reason for deviation
☐ Yes ☐ No	$	

Health Care Coverage

Medical/dental insurance or benefit plan coverage for the child or children to be provided by:
☐ Plaintiff if available at a reasonable cost of ☐ no more than ____ % of net income OR ☐ $ _____ per ☐ week ☐ month
☐ Defendant if available at a reasonable cost of ☐ no more than ____ % of net income OR ☐ $ _____ per ☐ week ☐ month
The provisions of C.G.S. § 46b-84(e) are incorporated by reference and made a part of this order. Effective date: _____

Uninsured/not reimbursed health care expenses for the child or children to be paid by
☐ Plaintiff ____ % ☐ Defendant ____ % including orthodontic, opthalmalogical, optical, pharmaceutical, psychological, psychiatric. The provisions of C.G.S. § 46b-84(e) are incorporated by reference and made a part of this order.
☐ Plaintiff ☐ Defendant is ordered to pay $ _____ per ☐ week ☐ month to ☐ Plaintiff ☐ Defendant ☐ Other: *(Specify)* _____ for *(Specify)* _____ extraordinary medical/dental expense(s).
☐ Plaintiff ☐ Defendant is ordered to pay $ _____ per ☐ week ☐ month to ☐ Plaintiff ☐ Defendant ☐ Other: *(Specify)* _____ for unreimbursed medical expenses arrearage of $ _____ as of (date) _____

HUSKY/Cash medical
☐ Plaintiff ☐ Defendant is ordered to apply for the State HUSKY medical insurance program on behalf of the minor child or children.
☐ Plaintiff ☐ Defendant is ordered to pay $ _____ per ☐ week ☐ month for reimbursements to ☐ Plaintiff ☐ Defendant ☐ HUSKY as cash medical support.
☐ Plaintiff ☐ Defendant is ordered to pay $ _____ per ☐ week ☐ month to ☐ Plaintiff ☐ Defendant ☐ Other: *(Specify)* _____ for *(Specify)* _____ extraordinary medical/dental expense(s).

Lump sum
$ _____ to be paid on or before *(date)* _____ to: ☐ Plaintiff ☐ Defendant ☐ Other (*specify below*): _____ ☐ Pay through SES

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Child Care

☐ Plaintiff _____ % or $ _____ ☐ Defendant _____ % or $ _____ Effective date: _____

Lump sum ☐ Plaintiff ☐ Defendant ☐ Other (*specify below*):

$ _____ to be paid on or before *(date)* _____ to: _____ ☐ Pay through SES

☐ Plaintiff ☐ Defendant is ordered to pay $ _____ per ☐ week ☐ month to ☐ Plaintiff ☐ Defendant ☐ Other: *(Specify)*

_____ for child care arrearage of $ _____ as of (date)

Capias

☐ Capias ordered $ _____ ☐ Appearance bond ☐ Cash ☐ Surety

Review date: _____

☐ Purge amount

☐ Capias stayed until: *(date)* _____

☐ Direct to Marshal

☐ Capias executed
☐ Capias vacated
☐ Capias remains in effect

Appearance bond ordered: ☐ Released to the poster ☐ Forfeited for SES to apply against arrearages

Other: (*Specify*) _____

Contempt

Found in contempt ☐ Plaintiff ☐ Defendant

☐ Committed to Commissioner of Correction,

☐ Purge ☐ Bond amount of $ _____ ordered Review date: _____

☐ Incarceration suspended: (*specify*) _____

☐ Appearance bond amount of $ _____ ☐ Cash ☐ Surety

Review date: _____

Appearance bond ordered: ☐ Released to the poster ☐ Forfeited for SES to apply against arrearages

☐ No contempt found ☐ Contempt concluded: (*specify*) _____

Performance Bond/ Security

Performance bond

☐ Plaintiff ☐ Defendant is ordered to pay $ _____ with review date of _____.

Cash on deposit

☐ Plaintiff ☐ Defendant is ordered to pay $ _____ with review date of _____.

Additional Orders

☐ See stipulation/agreement which is approved and ordered. ☐ Finding of compliance.
☐ All financial affidavits on file are ordered unsealed pursuant to P.B. § 25-59A(h).
☐ Arrearages to be paid at 100% of the support obligation when parents' present duty to support ends.
☐ Plaintiff ☐ Defendant may be excused by SES if in compliance.
☐ Plaintiff ☐ Defendant to notify SES within 48 hours of becoming employed.
☐ Plaintiff ☐ Defendant to notify SES within 48 hours after release from incarceration.
☐ Plaintiff ☐ Defendant paid $ _____ today.
☐ Plaintiff ☐ Defendant to have genetic test completed by: (*date*) _____
☐ Plaintiff ☐ Defendant to register with the following community based organizations and provide proof: (*Specify below*)
☐ Other: *(Specify below)*

Past Support

(***This section must be completed when the court orders past support for periods of time prior to the action when the obligor has not appeared.***)

The support order includes an order of support due in the amount of _____ payable at the rate of _____

☐ per week ☐ per month, for periods of time before this case was brought to court (past support). The court based this amount on the following information:

☐ Past ability to pay _____
☐ Current ability to pay _____
☐ Work history _____
☐ The state minimum wage _____
☐ Other: _____

Notice to Obligor *(Person to pay money)*

The court ordered the past support due subject to adjustment (can be changed by the court based on new information) because you failed to appear in the case and give information to the court about your past ability to pay.
You have a right to ask for an adjustment (change) of the amount of past support due, and to give the court information about your past ability to pay. You may ask for an adjustment by filing a motion (written request) for adjustment with the court. You may file this motion yourself, or you may ask that the agency that brought the support case file a motion for adjustment. The motion must be filed no later than twelve (12) months from the date that you got this notice. If you do not ask for an adjustment, you will continue to be required to pay the full amount of the past support ordered by the court.

Continuance

Continued to: _____ *(date)*

☐ List of _____ employment attempts per week (job logs)
☐ Register with _____ temporary employment agencies
☐ Pay stubs
☐ DSS to send notice to: _____
☐ Medical documentation diagnosis and prognosis
☐ Genetic test results.
☐ Proof of benefits: *(Specify)* _____
☐ SES to send notice to: _____
☐ Interpreter (*language*) _____
☐ Status of SSI or SSD application
☐ Attorney to be retained
☐ Compliance with weekly payments
☐ Telephonic hearing at _____ **.m.**
☐ Report back re: full-time employment
☐ Trial
☐ Other: _____

By the Court _____, F.S.M.

Signed *(Judge/F.S.M /Assistant Clerk/Courtroom Clerk)*

Date of Order

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