

**NON IV-D FAMILY  
CASE INFORMATION**JD-FM-186 Rev. 1-22  
C.G.S. §§ 17b-137a, 17b-179;  
P.A. 21-15**Instructions to person filling-out this form**

1. Fill-out this form with all information asked for including social security numbers.
2. Send the filled-out form to Support Enforcement Services, P.O. Box 65, Vernon, CT 06066.
3. If you have questions about this form, call Support Enforcement Services at 1-800-228-5437.

**STATE OF CONNECTICUT  
SUPERIOR COURT**

www.jud.ct.gov

**Notice to Person Filling out this Form**

The State of Connecticut must put the social security number of any person who must follow a dissolution of marriage order, dissolution of civil union order, a support order or a parentage decision or acknowledgment of parentage in the records of those matters. The State must also keep a State Case Registry which keeps information in it on each support order set up or changed in the state after October 1, 1998. You must give the State of Connecticut your social security number. That is required and is being collected under sections 17b-137a and 17b-179 of the Connecticut General Statutes. Your social security number will be given to the Connecticut Child Support Enforcement Program to follow these statutory requirements.

To:

For information on ADA accommodations,  
contact a court clerk or go to: [www.jud.ct.gov/ADA](http://www.jud.ct.gov/ADA).

**Section I - Information About the Parties**

Name of case (Plaintiff v. Defendant)		Case docket number
Your name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Your social security number (Required - See notice above)
Other party's name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Social security number of the other party (If you know it)

☐ Select here if there are no children in this case and go to Section III. Do not fill-out Section II.

**Section II - Information About the Children**

Name (Last, first, middle)	Sex (Select one)	Date of Birth (MM-DD-YYYY)	Social Security Number (Required - See notice above)
1.	<input type="checkbox"/> M <input type="checkbox"/> F		
2.	<input type="checkbox"/> M <input type="checkbox"/> F		
3.	<input type="checkbox"/> M <input type="checkbox"/> F		
4.	<input type="checkbox"/> M <input type="checkbox"/> F		
5.	<input type="checkbox"/> M <input type="checkbox"/> F		
6.	<input type="checkbox"/> M <input type="checkbox"/> F		

The child(ren) named above live(s) most of the time with

☐ Me ☐ Other Party ☐ Other (Name of person child(ren) live with most of the time) \_\_\_\_\_

**Section III - Notice Concerning Location Information in the Child Support Enforcement Program**

Under Federal law, information about the location of a party or the child(ren) in the Connecticut Child Support Enforcement Program cannot be given to another person if the Office of Child Support Services thinks that the release of that information to another person may cause physical or emotional harm to the party or the child(ren). **If you answer yes to question 1 or question 2 below, information about your location or the location of your child(ren) will not be given to another person by the Connecticut Child Support Enforcement Program. If you want to protect that location information in your court file, see the Notice below.\***

1. Do you think that giving information about the location of you or your child(ren) to another person may cause physical or emotional harm to you or your child(ren)?  
☐ Yes (See Notice Below)\* ☐ No
2. Is there a restraining or protective order involving the parties to this case?  
☐ Yes (See Notice Below)\* ☐ No

**\*Notice concerning location information in court file -** If you also think that giving location information in your court file would risk your and/or your child(ren)'s health, safety or liberty, and you want to stop that information from being given out, **you must** fill-out a Request for Nondisclosure of Location Information, form JD-FM-188, sign it under oath, and give it to the clerk of court where the case is being heard.

Your signature	Print or type your name	Date signed
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**NOTICE TO CLERK & SES PERSONNEL -** The information contained on this form is confidential and shall only be disclosed in accordance with C.G.S. §17b-137a or C.G.S. §17b-179 as applicable. \*\*\***DO NOT PLACE THIS DOCUMENT IN COURT FILE**\*\*\*

Support Enforcement Services  
P.O. Box 65  
Vernon, CT 06066