

**COURT ORDER - DISSOLUTION/
CUSTODY/VISITATION/OTHER**

JD-FM-193 Rev. 1-22

C.G.S. §§ 17b-179, 17b-745, 46b-84, 46b-171,
46b-172, 46b-215; P.A. 21-15**Instructions to Clerk**1. Complete this form only where the case was before a Superior Court Judge and check
whether IV-D or Non IV-D. In a case before a Family Support Magistrate, use form JD-FM-170.

2. If this is a IV-D case before a Judge and support orders are issued, retain original and forward copies to state case registry.

3. If this order includes a Non IV-D adjudication of parentage, forward a certified copy to the parentage registry.

**STATE OF CONNECTICUT
SUPERIOR COURT**

Judicial District		Court location (Number, street and town)		Docket number			
Plaintiff's name		<input type="checkbox"/> Present <input type="checkbox"/> Not Present	Plaintiff's attorney (Name if applicable)		<input type="checkbox"/> Present <input type="checkbox"/> Not Present		
Defendant's name		<input type="checkbox"/> Present <input type="checkbox"/> Not Present	<input type="checkbox"/> (Check if no appearance)	Defendant's attorney (Name if applicable)	<input type="checkbox"/> Present <input type="checkbox"/> Not Present		
Case Description	Case type <input type="checkbox"/> Dissolution <input type="checkbox"/> Legal Separation <input type="checkbox"/> Annulment <input type="checkbox"/> Custody <input type="checkbox"/> Visitation <input type="checkbox"/> Parentage <input type="checkbox"/> Other (Specify) _____				(Select one) <input type="checkbox"/> IV-D <input type="checkbox"/> Non IV-D		
	Type of judgment <input type="checkbox"/> Uncontested (JDOMUNC) <input type="checkbox"/> Agreement After Hearing Start (JDOMSCDH) <input type="checkbox"/> Default Hearing (JDOMDEF) <input type="checkbox"/> Full Trial/ Decision (JDOMFCH) <input type="checkbox"/> Annulment (JDGANNL) <input type="checkbox"/> Legal Separation (JDGLS) <input type="checkbox"/> Judgment Without Trial (JWT) <input type="checkbox"/> Judgment After Completed Trial (JDGACT)						
	(If applicable) <input type="checkbox"/> Pendente Lite <input type="checkbox"/> Post Judgment <input type="checkbox"/> Other (Specify) _____						
	Grounds (If applicable) <input type="checkbox"/> Irretrievable breakdown <input type="checkbox"/> Other (Please Specify) _____						
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(ren)) _____			<input type="checkbox"/> Judgment of parentage (JDGPAT)	Defendant found <u>not</u> to be the parent of (Name of child(ren)) _____		
Custody	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> N/A				<input type="checkbox"/> Joint with primary residence with: <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant		
Visitation	<input type="checkbox"/> Reasonable <input type="checkbox"/> N/A <input type="checkbox"/> See Agreement <input type="checkbox"/> Other (Specify): _____						
Child Support	Motion to modify <input type="checkbox"/> Granted <input type="checkbox"/> Denied Unallocated amount of \$ _____ per <input type="checkbox"/> week <input type="checkbox"/> month payable to: <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant						
	Child support \$ _____ <input type="checkbox"/> Per week <input type="checkbox"/> Per month payable to: <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant			Effective date _____		Income withholding <input type="checkbox"/> Immediate <input type="checkbox"/> Contingent	
	Arrearage \$ _____ as of (date) _____ to be paid to: <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant at _____ per <input type="checkbox"/> week <input type="checkbox"/> month						
	Arrearage \$ _____ as of (date) _____ to be paid to State of Connecticut at \$ _____ per <input type="checkbox"/> week <input type="checkbox"/> month						
	Lump Sum \$ _____ to be paid on or before (date): _____ to: <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> State of Connecticut						
	Guideline deviation? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, guideline amount \$ _____		Reason for deviation _____		
Alimony	\$ _____ <input type="checkbox"/> Per week <input type="checkbox"/> Per month payable to: <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> No alimony awarded to either party						
	<input type="checkbox"/> Terminate upon first of following: death of either party, remarriage or cohabitation pursuant to statute.						
	Lump Sum \$ _____ to be paid to paid on or before (date): _____ to: <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> State of Connecticut						
Health Care Coverage	Medical/Dental insurance or benefit plan coverage for the child(ren) to be provided by <input type="checkbox"/> Plaintiff if available at a reasonable cost of <input type="checkbox"/> no more than _____ % of net income <input type="checkbox"/> \$ _____ per <input type="checkbox"/> week <input type="checkbox"/> month						
	<input type="checkbox"/> Defendant if available at a reasonable cost of <input type="checkbox"/> no more than _____ % of net income <input type="checkbox"/> \$ _____ per <input type="checkbox"/> week <input type="checkbox"/> month						
	The provisions of C.G.S. § 46b-84(e) are incorporated by reference and made a part of this order.						
	Uninsured/not reimbursed health care expenses for the child(ren) to be paid by <input type="checkbox"/> Plaintiff _____ % <input type="checkbox"/> Defendant _____ % including orthodontic, ophthalmological, optical, pharmaceutical, psychological, psychiatric. The provisions of C.G.S. §46b-84(e) are incorporated by reference and made a part of this order.						
	HUSKY/Cash medical <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant is ordered to apply for the State HUSKY medical insurance program on behalf of the minor child(ren).						
Child Care	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant is ordered to pay \$ _____ per <input type="checkbox"/> week <input type="checkbox"/> month for reimbursements to <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> HUSKY as cash medical support.						
	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant is ordered to pay \$ _____ per <input type="checkbox"/> week <input type="checkbox"/> month to <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Other (Specify) _____						
	_____ for (Specify:) _____ extraordinary medical/dental expense(s).						
Parenting Education	<input type="checkbox"/> Completed <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant to complete program by (date) _____						
Educational Support	<input type="checkbox"/> Waived by both parents <input type="checkbox"/> Jurisdiction reserved <input type="checkbox"/> See agreement <input type="checkbox"/> See additional orders section (attach additional sheets if needed)						
Additional Orders	<input type="checkbox"/> See stipulated/separation agreement for orders <input type="checkbox"/> Agreement incorporated by reference <input type="checkbox"/> See Memorandum of Decision <input type="checkbox"/> Other (Specify below) _____						
	<input type="checkbox"/> (Check if applicable) All financial affidavits on file are ordered unsealed pursuant to P.B. §25-59A(h).						
	<input type="checkbox"/> Each party shall be responsible for the liabilities on his/her financial affidavit and shall indemnify and hold harmless the other party with respect to those liabilities. <input type="checkbox"/> Each party shall be awarded the personal property in his/her current possession free of any claim by the other party.						
Change of Name	<input type="checkbox"/> Plaintiffs <input type="checkbox"/> Defendant's name is restored to (Former name): _____						
By the Court			Signed (Judge/Assistant Clerk)		Date of Order		
, J.							