

**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

**STATE OF CONNECTICUT  
SUPERIOR COURT**

**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.

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	AAG	<input type="checkbox"/> Yes present? <input type="checkbox"/> No	
Defendant's name		<input type="checkbox"/> Present <input type="checkbox"/> Not Present (Check if no appearance)	Defendant's attorney (Name if applicable)		<input type="checkbox"/> Present <input type="checkbox"/> Not Present	Defendant	<input type="checkbox"/> Yes in military? <input type="checkbox"/> No	
<b>Case Description</b>	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)							
<b>Children (If parentage action, fill in date of birth)</b>	Name	D.O.B. (If parentage action)		Name	D.O.B. (if parentage action)			
	1.			4.				
	2.			5.				
	3.			6.				
<b>Order</b>								
<b>Parentage</b>	Defendant found to be the parent of (Name of child(ren))			Judgment of parentage (JDGPAT)	Defendant found not to be the parent of (Name of child(ren))			Judgment of non-parentage (JDNOPAT)
<b>Custody</b>	<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				
<b>Visitation</b>	<input type="checkbox"/> Reasonable	<input type="checkbox"/> N/A	<input type="checkbox"/> See Agreement	<input type="checkbox"/> Other (Specify):				
<b>Child Support</b>	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 \$ <input type="checkbox"/> as of (date) <input type="checkbox"/> to be paid to: <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant at <input type="checkbox"/> per <input type="checkbox"/> week <input type="checkbox"/> month							
	Arrearage \$ <input type="checkbox"/> as of (date) <input type="checkbox"/> to be paid to State of Connecticut at \$ <input type="checkbox"/> per <input type="checkbox"/> week <input type="checkbox"/> month							
	Lump Sum \$ <input type="checkbox"/> to be paid on or before (date): <input type="checkbox"/> 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						
\$ <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								
<b>Alimony</b>	<input type="checkbox"/> Terminate upon first of following: death of either party, remarriage or cohabitation pursuant to statute.							
Lump Sum \$ <input type="checkbox"/> to be paid to paid on or before (date): <input type="checkbox"/> to: <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> State of Connecticut								
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"/> \$ <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"/> \$ <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.								
<b>Health Care Coverage</b>	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).							
	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant is ordered to pay \$ <input type="checkbox"/> 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 \$ <input type="checkbox"/> 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): <input type="checkbox"/> extraordinary medical/dental expense(s).							
<b>Child Care</b>	<input type="checkbox"/> Plaintiff % or \$ <input type="checkbox"/> Defendant % or \$ <input type="checkbox"/>							
<b>Parenting Education</b>	<input type="checkbox"/> Completed	<input type="checkbox"/> Plaintiff	<input type="checkbox"/> Defendant	to complete program by (date) <input type="checkbox"/>				
<b>Educational Support</b>	<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)							
<b>Additional Orders</b>	<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.							
<b>Change of Name</b>	<input type="checkbox"/> Plaintiff's <input type="checkbox"/> Defendant's name is restored to (Former name): <input type="checkbox"/>							
By the Court				Signed (Judge/Assistant Clerk)			Date of Order	