

COURT USE ONLY
PETMOD


DOCKET NO. (of existing file)

PLAINTIFF: : SUPERIOR COURT
 (Name of Plaintiff) : FAMILY SUPPORT MAGISTRATE DIVISION
 : JUDICIAL DISTRICT OF (JD)
 v. : AT (town)

DEFENDANT: : (Date)
 (Name of Defendant)

VERIFIED PETITION FOR SUPPORT ORDER, MOTION TO MODIFY EXISTING CHILD SUPPORT ORDER TO ADD ADDITIONAL CHILD(REN) AND TO CONSOLIDATE ARREARAGES

1. **(Name)** is the parent of the following minor child(ren) for whom a support order exists:

Name	Date of Birth
(a)	
(b)	
(c)	
2. On **(date)** the Court ordered **(Name)**, **(who is the acknowledged parent of said child(ren) OR who is the adjudicated parent of said child(ren) OR who is the parent of said child(ren) by reason of marriage to the birth parent named above OR who is the adoptive parent of said child(ren))** to pay **(\$\$\$\$)** per week as current support and the additional sum of **(\$\$\$\$)** per week on past due support found to be in the sum of **(\$\$\$\$)** as of **(date)**.
3. There remains an unpaid arrearage balance(s) owed by **(name)** to the custodial parent **AND/OR** to the State of Connecticut.
4. On **(date)**, **(name of birth parent)** gave birth to **(name(s) of child(ren) to be added to the order)**.
5. The birth of said child(ren) constitutes a substantial change in circumstances.
6. **(Name)**, who now resides at **(address)**, is the parent of said child(ren) named in paragraph 4 **(having executed an Acknowledgement of Parentage dated (date) pursuant to General Statutes § 46b-172, a copy of which is attached hereto as Exhibit A OR having been adjudicated the parent on (court date) OR by reason of marriage to the birth parent on (date of marriage) OR by virtue of adoption)**.

7. **(Name)** has the ability to pay current support for the child(ren) named in paragraph 1 and in paragraph 4; to make payments against arrearages on prior orders of the Court, if any; to pay past due support for the benefit of the child(ren) named in paragraph 4, all pursuant to, and in accordance with, the Connecticut Child Support Guidelines worksheet attached hereto and, in addition, to provide health care coverage and child care contributions for said child(ren).

8. The Department of Social Services, Office of Child Support Services or the Support Enforcement Services within the Judicial Branch is providing child support services to **(name of custodial parent)** who is the **(parent *OR* grandparent *OR* aunt *OR* uncle *OR* cousin *OR* sibling *OR* legal guardian)** because:

- NON TANF (No public assistance benefits presently being paid; child support services requested by the parent)
- TANF (State of Connecticut is providing public assistance benefits to custodial parent for child(ren) named herein)
- FOSTER CARE (State of Connecticut providing payment for costs of foster care)
- MEDICAL ASSISTANCE (State of Connecticut is providing medical assistance for child(ren))
- CARE FOR KIDS (State of Connecticut is providing child care assistance for child(ren))

9. No order or judgment has been entered for the support of the child(ren) named in paragraph 4.

10. **(Name)** has refused and/or neglected to support the child(ren) named in paragraph 4 as provided by law and the Department of Social Services, Office of Child Support Services or the Support Enforcement Services Division of the Judicial Branch seeks an order for the support of such child(ren).

WHEREFORE, pursuant to General Statutes §§ 17b-179, 17b-743, 17b-745, 46b-215 and/or 46b-231(s)(4), the State of Connecticut requests the following:

- A. A finding as to arrearages on the current support order for the child(ren) named in paragraph 1 and a finding as to the arrearages remaining on past due support as previously ordered by the Court in the captioned matter for said child(ren).
- B. An order establishing past due support owed for the support of **(name(s) of child(ren) to be added to order)**.
- C. An order consolidating all arrearages on prior orders of the Court and past due support for the child(ren) named in paragraph 4 into a single arrearage and for an order of payment as to same, pursuant to the Connecticut Child Support and Arrearage Guidelines.
- D. The entry of an order modifying the existing order of current support for the benefit of the child(ren) named in paragraph 1 and for an order of current support of all children named herein pursuant to the Connecticut Child Support and Arrearage Guidelines.
- E. An order that the parties provide health care coverage for the benefit of all children named herein and pay unreimbursed and uninsured medical expenses as provided in the Connecticut Child Support and Arrearage Guidelines.

F. An order that all payments be secured by immediate income withholding.

G. An order that **(name)** make contributions to child care costs incurred by the custodial parent for the benefit of all children named herein pursuant to the Connecticut Child Support and Arrearage Guidelines.

H. An order that **(name)** reimburse the State of Connecticut for costs.

I. An order for such other relief as may be lawful.

I swear that the above statements are true to the best of my knowledge, information and belief. Dated at **(town)**, Connecticut this _____ day of _____, 20__.

INVESTIGATOR **OR** SUPERVISOR,
DEPARTMENT OF SOCIAL SERVICES

OR

SUPPORT ENFORCEMENT OFFICER **OR** SUPERVISOR,
SUPPORT ENFORCEMENT SERVICES

(Signed)

(Name, Address and Office Telephone #)

State of Connecticut)

) ss: **(Town in which acknowledgment taken) (Date)**

County of **(County)**)

On this _____ day of _____, personally appeared **(name of person signing document)** an **(Investigator OR Supervisor employed by the Connecticut Department of Social Services, Office of Child Support Services OR a Support Enforcement Officer OR Supervisor employed by the Support Enforcement Services within the Judicial Branch)** who, being duly sworn, deposes and says that the facts stated in the foregoing **Verified Petition for Support Order, Motion to Modify Existing Child Support Order to Add Additional Child(ren) and to Consolidate Arrearages** are true to the best of their knowledge, information and belief.

Commissioner of the Superior Court
Notary Public
My Commission Expires:

Dated at **(town)**, Connecticut this _____ day of _____, 20__.

STATE OF CONNECTICUT
WILLIAM TONG
ATTORNEY GENERAL

BY: _____

(Name of A.A.G.)

Juris No. _____

Assistant Attorney General

165 Capitol Avenue Hartford, CT 06106

Tel. (860) 808-5150

Fax (860) 808-5383

DOCKET NO. (of existing file)

PLAINTIFF: : SUPERIOR COURT
(Name of Plaintiff) : FAMILY SUPPORT MAGISTRATE DIVISION

v. : JUDICIAL DISTRICT OF (JD)

AT (town)

DEFENDANT: : **(Date)**
(Name of Defendant)

ORDER FOR HEARING, NOTICE AND SUMMONS

To Any Proper Officer:

By Authority of the State of Connecticut, you are hereby commanded to make service of the foregoing *Verified Petition for Support Order, Motion to Modify Existing Child Support Order to Add Additional Child (ren) and to Consolidate Arrearages* on **(name of person to be served)** by leaving a true and attested copy of same in their hands, at their usual place of abode or with their employer pursuant to General Statutes § 52-57(f) and make return to the Clerk of the Court no later than **(service date)**, a date that is at least twenty-one (21) days prior to the court date.

NOTICE TO: (Name of Person Served and address of Person Served, if known (No., Street, Town, Zip))

The State of Connecticut has initiated this action against you claiming that you are legally liable for the support of the children named in the Verified Petition and Motion. You are **required** to appear before the Family Magistrate Division of the Superior Court located at **(address of court)** on **(court date)** at **(time)** to raise any defenses that you may have to the claims of **(name)**. **If you fail to appear in court for the hearing, the court may proceed in your absence and enter a judgment and an order for the support of the children named in the Petition or the Court may order that you be arrested.**

Dated at (town where signed), Connecticut this **(day)** day of **(month)**, **(year)**.

(Name of A.A.G.)
Commissioner of the Superior Court

DOCKET NO. (of existing file)

PLAINTIFF: : SUPERIOR COURT
(Name of Plaintiff) : FAMILY SUPPORT MAGISTRATE DIVISION

v. : JUDICIAL DISTRICT OF (JD)

AT (town)

DEFENDANT: : (Date)
(Name of Defendant)

RETURN OF SERVICE

This is to certify that, by virtue of the foregoing Order and Summons, I served a true and attested copy of the foregoing *Verified Petition for Support Order, Motion to Modify Existing Child Support Order to Add Additional Child(ren) and to Consolidate Arrearages*.

[] with and in the hands
[] at the usual place of abode
[] by delivery to employer (If this box is checked, completed Return of Service: Employer/Employer's Official, form JD-FM-130 or a form substantially similar must be attached.)

of _____ at _____
(Name of Person Served) (Street Address)

_____, Connecticut on _____
(City/Town) (Date)

The within and foregoing is the original Verified Petition, Motion, Order, and Summons.

Dated at _____, Connecticut this _____ day of _____, 20__.

Service: _____

ATTEST: _____

Copies: _____

Endorsement: _____

Travel: _____

TOTAL _____