


COURT USE ONLY
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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 TO ESTABLISH PARENTAGE FOR ADDITIONAL CHILD OR CHILDREN,  
 MOTION TO MODIFY EXISTING CHILD SUPPORT ORDERS TO ADD ADDITIONAL CHILD OR  
 CHILDREN AND TO COMBINE ARREARAGES**

1. (Name) \_\_\_\_\_ is the birth parent of the following child or children, and the  
 defendant (Name) \_\_\_\_\_ is the parent of the following child or children by virtue of a  
 judgment of parentage or an acknowledgment of parentage:

	Name	Date of Birth	Date of judgment or acknowledgment
(a)			
(b)			
(c)			

2. (Name) \_\_\_\_\_ has given birth to the following additional child or children:

	Name	Date of Birth
(a)		
(b)		
(c)		

3. (Name) \_\_\_\_\_ :  
 was unmarried at the time the child or children in paragraph 2 was or were born or conceived.  
**OR**  
 was married at the time the child or children in paragraph 2 was or were born or conceived but that  
 spouse is not the child's parent.  
**OR**  
 was married to the defendant at the time the child or children was or were born or conceived.  
**OR**  
 was not married at the time the child or children was or were born or conceived, but the defendant  
 resided in the same household with the child or children and openly held out the child or children as the  
 person's own child or children from the time the child or children was or were born or adopted and for at  
 least 2 years thereafter.

4. There is no prior judgment, legal establishment, or action pending in any court regarding parentage of  
 the child or children named in paragraph 2.

5. The Commissioner of Social Services files this petition against the defendant because (Name) \_\_\_\_\_ has stated in a sworn Affirmation of Parentage that the named defendant is the parent of the child or children named in paragraph 2.
6. There is an existing order dated (date of most recent support order) \_\_\_\_\_ regarding child support for the child or children named in paragraph 1.
7. There remains an unpaid arrearage balance(s) for the support of the child or children named in paragraph 1 owed by (name) \_\_\_\_\_ to (name) \_\_\_\_\_ AND/OR to the State of Connecticut in the amount of \_\_\_\_\_.
8. The birth of the child or children listed in paragraph 2 is a substantial change of circumstances.
9. (Name) \_\_\_\_\_ has the ability to: (a) pay current support for the child or children named in paragraphs 1 and 2; (b) make payments against arrearages on prior orders of the Court, if any; (c) pay past due support for the benefit of the child or children named in paragraph 2; (d) provide health care coverage; and (e) provide child care contributions for said child or children.
10. The child or children named in paragraphs 1 and 2 reside primarily with \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.
11. The Commissioner of Social Services is providing the following child support services on behalf of such child or children named in paragraph 2 because: (check all that apply)
- ☐ NON ASSISTANCE (No public assistance benefits presently being paid; child support services requested by a parent or legal guardian/custodian)
  - ☐ TFA (Commissioner of Social Services is providing cash public assistance benefits to custodial parent for the child or children or legal guardian/custodian named in this petition)
  - ☐ FOSTER CARE (The State of Connecticut is providing payment for costs of foster care for the child or children named in paragraph 2)
  - ☐ MEDICAL ASSISTANCE (Commissioner of Social Services is providing medical assistance for the child or children)
12. No order or judgment has been entered for the support of the child or children named in paragraph 2.
13. The defendant has refused and/or neglected to support the child or children named in paragraph 2 as provided by law and the Commissioner of Social Services seeks an order for the support of such child or children.

WHEREFORE, the Commissioner of Social Services requests: (Check all that apply)

- ☐ A. A judgment of parentage or non-parentage of the child or children named in paragraph 2.
- ☐ B. An order that [the defendant (*name*)\_\_\_\_\_] support and maintain the child or children named in paragraph 2.
- ☐ C. A finding of past due support for such child or children named in paragraph 2 for whom parentage is established.
- ☐ D. A finding of the arrearage, if any, for the child or children named in paragraph 1 pursuant to the existing judgment.
- ☐ E. An order combining all amounts found pursuant to requests C and D into a single arrearage with a repayment order.
- ☐ F. Modification of the existing current support order to include all the children named in paragraphs 1 and 2 (except any child or children subject to a finding of non-parentage).
- ☐ G. Modification of any existing orders regarding health care coverage and child care costs to include all children referenced in paragraph F.
- ☐ H. An order that all payments be secured by immediate income withholding.
- ☐ I. An order for costs of this petition and motion to the extent provided by law.
- ☐ J. Such other relief as may be appropriate under the law.

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

\_\_\_\_\_  
(*Signed*)

\_\_\_\_\_  
(*Name, address, and office telephone number*)

State of Connecticut )

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

*(Date)*

County of (County) )

On this       day of       (year), 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** Plaintiff **OR** Defendant **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 to Establish Parentage for  
Additional Child or Children, Motion to Modify Existing Child Support Orders, to Add Additional Child or  
Children and to Combine Arrearages are true to the best of their knowledge, information and belief.

\_\_\_\_\_  
Commissioner of the Superior Court

OCSS Investigator

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

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v. : 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 to Establish Parentage for Additional Child or Children, Motion to Modify Existing Child Support Orders to Add Additional Child or Children and to Combine 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))

1. This parentage petition has been filed against you claiming that you are a parent of the child or children named in the petition. If the court finds that you are a parent of the child or children, the court will require you to financially support the child or children until they turn 18.
2. You have the right to be represented by an attorney in this case, and if you cannot afford an attorney, you must file an *Application for Waiver of Fees/Payment of Costs/Appointment of Counsel*, form JD-FM-75. If the court finds that you are eligible, the court will appoint an attorney to represent you.
3. You must file the *Answer, Parentage Petition*, form JD-FM-187 with the court, and if you do not admit to being a parent, the court may order you to take a genetic test, which will be paid for by the State.
4. You must attend the court hearing *(address of court)* on *(court date)* at *(time)*. If you do not file an answer, attend the court hearing, and take any genetic test the court orders, the court may find that you are a parent of the child or children and make support orders without your participation in the case.

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

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

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: JUDICIAL DISTRICT OF (JD)  
v. : 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 to Establish Parentage for Additional Child or Children, Motion to Modify Existing Child Support Orders to Add Additional Child or Children and to Combine 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 \_\_\_\_\_