

**SUPPORT ENFORCEMENT OFFICER AFFIDAVIT-  
OBLIGOR INCARCERATED/INSTITUTIONALIZED**JD-FM-267 New 12-17  
C.G.S. § 46b-215e; P.A. 17-57**STATE OF CONNECTICUT  
SUPERIOR COURT**

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SEOAFFI

**Instructions to Support Enforcement Officer**

1. Complete this affidavit if the custodial party/obligee does not object to the statutory modification of the support order within 15 calendar days after he or she receives the *Notice of Support Order Modification, Objection, Order - Obligor Incarcerated/Institutionalized*, JD-FM-266.
2. Sign and date this affidavit before a proper officer who also signs and dates.
3. File the original affidavit with the clerk of court, and keep a copy in the SES file.
4. Send a copy of this affidavit to all parties of record.

**ADA NOTICE**

The Judicial Branch of the State of Connecticut complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation in accordance with the ADA, contact a court clerk or an ADA contact person listed at [www.jud.ct.gov/ADA](http://www.jud.ct.gov/ADA).

Docket number

Name of case

Judicial District

Address of court

Obligor's incarceration/institutionalization date

Estimated release date

Date of support order

Amount of support order

Name of obligor

Balance owed (if applicable)

As of (Date)

**Affidavit**

I, \_\_\_\_\_, Support Enforcement Officer, being duly sworn, depose and say that:

1. The obligor listed above is currently incarcerated or institutionalized, and will be for more than 90 days.
2. A notice of the proposed modification to zero dollars (\$0) of the support order described above was provided to the custodial party/obligee (name), \_\_\_\_\_ on (date) \_\_\_\_\_, and no objection was received within the 15 calendar day objection period.
3. A diligent search failed to identify any income or assets that the obligor could use to satisfy (pay) this support order while the he or she is incarcerated or institutionalized.
4. The offense for which the obligor is incarcerated or institutionalized was not an offense against the custodial party or the child subject to this support order.

I certify that the above statements are accurate to the best of my knowledge and belief.

Signed

Title

Date signed

Print or type name of person signing

Mailing address (Number, street, town, state, and zip code)

Telephone number

**Subscribed and  
sworn to before me:**

On (date)

Signed (Proper Officer)

**Under the authority of, and as required by section 46b-215e of the Connecticut General Statutes, this support order is modified to zero dollars (\$0) effective as of the filing date of this affidavit (which is a date more than ninety days after the obligor's incarceration or institutionalization).**

**Certification**

I certify that a copy of this document was or will immediately be mailed or delivered electronically or non-electronically on (date) \_\_\_\_\_ to all attorneys and self-represented parties of record and that written consent for electronic delivery was received from all attorneys and self-represented parties of record who received or will immediately be receiving electronic delivery.

Name and address of each party and attorney that copy was or will be mailed or delivered to\*

\*If necessary, attach additional sheet or sheets with name and address that the copy was or will be mailed or delivered to.

Signed (Support Enforcement Officer)

Print or type name of person signing

Date signed

Mailing address (Number, street, town, state and zip code)

Telephone number