

**SUPPORT ENFORCEMENT OFFICER AFFIDAVIT-
OBLIGOR RELEASED FROM
INCARCERATION/INSTITUTIONALIZATION**

JD-FM-269 New 12-17
C.G.S. § 46b-215e; P.A. 17-57

**STATE OF CONNECTICUT
SUPERIOR COURT**

www.jud.ct.gov

COURT USE ONLY

SEOAFFR



Instructions to Support Enforcement Officer

1. Complete this affidavit if the obligor does not file an objection to the statutory reinstatement of the support order prior to the 90th day after his or her release from incarceration/institutionalization.
2. Sign and date this affidavit before a proper officer, who also signs and dates.
3. File the original affidavit with 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.

Docket number

Name of case

Judicial District	Address of court	
-------------------	------------------	--

Obligor's incarceration/institutionalization date	Amount of support order to be reinstated	Date of support order to be reinstated
---	--	--

Name of obligee	Balance owed (if applicable)	As of (date)
-----------------	------------------------------	--------------

Affidavit

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

1. The obligor, (name) _____ was released from incarceration or institutionalization on (date) _____.
2. A notice of the proposed reinstatement to the previous support order amount was provided to the obligor on (date) _____ and no objection or motion was received prior to the 90th day after the obligor's release.

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, the support order is reinstated to the prior support amount listed above, effective as of the filing of this affidavit (which is a date at least ninety (90) days after the obligor's release from incarceration/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	