

**MOTION TO MODIFY
SUPPORT ORDER - SSI**JD-FM-293 New 3-22
C.G.S. § 46b-231 (m) (15);
P.A. 21-104 § 37; P.B. § 25a-18For information on ADA
accommodations, contact
a court clerk or go to:
www.jud.ct.gov/ADA.

COURT USE ONLY

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STATE OF CONNECTICUT
SUPERIOR COURTwww.jud.ct.gov**Instructions to Support Enforcement Officer:**

1. Confirm that the obligor has qualified for SSI disability and has no other income or assets that can satisfy a support order.
2. Send the Notice to Custodial Party of Motion to Modify Support Order, Objection - SSI, form JD-FM-294, to custodial party by certified mail, return receipt requested, or in accordance with General Statutes § 52-57.
3. If custodial party does not send an objection to the motion within 15 calendar days of their receipt of the Notice, complete this form and file it with the Clerk.

Instructions to Clerk:

1. Upon receipt of the motion, submit it to a Family Support Magistrate for consideration.
2. If the Family Support Magistrate grants or denies this motion, enter the Court's order on the Court Order – Family Support Magistrate, form JD-FM-170.
3. If the Family Support Magistrate orders a hearing on the motion, set a hearing date, keep a copy in the court file, and provide a copy to Support Enforcement Services for service on the parties.

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|-------------------|-------------------------------------|--|--|
| Judicial district | Address of court | | |
| Name of case | | Docket number | |
| Name of obligor | Date of current child support order | Current child support amount per _____ | |

Motion

I ask the Court to modify the child support order listed above to zero dollars (\$0), pursuant to General Statutes § 46b-215(m)(15), because the obligor qualifies for disability benefits under the federal Supplemental Security Income Program and does not have any other income or assets that could be used to satisfy the current support order.

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| Signature | | Title Support Enforcement Officer | Date signed |
| Print or type name of person signing | Mailing address (Number, street, town, state, and zip code) | | Phone number |

Affidavit

- I, (name) _____, a Support Enforcement Officer, being duly sworn, depose and say that:
1. On (date) _____ the obligor qualified for benefits under the federal Supplemental Security Income Program.
 2. I confirmed such benefits with: (*select at least one*)
☐ The federal Social Security Administration
☐ Another federal agency with access to SSA applicant/benefit information (*Specify*): _____
 3. A diligent search failed to identify any other income or assets that could be used to satisfy the child support order.
 4. Support Enforcement Services (SES) provided notice to the custodial party of the proposed modification that the custodial party had the right to object to the proposed modification and that any objection to the proposed modification needed to be received by SES no later than fifteen calendar days after the date that the custodial party received such notice. Such notice was made: (*select one*)
☐ by certified mail, return receipt requested.
☐ in accordance with Connecticut General Statutes § 52-57.
 5. SES did not receive an objection from the custodial party within 15 calendar days of their receipt of the notice of the proposed modification.

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| Signed | Print or type name of person signing | Date signed |
| Subscribed and sworn to before me | on (Date) | Signature of proper officer |

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|--------------|---------------|
| Name of case | Docket number |
|--------------|---------------|

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 which the copy was or will be mailed or delivered to. | | |
| Signed (Signature of filer) | Print or type name of person signing | Date signed |
| Mailing address (Number, street, town, state and zip code) | | Telephone number |

Order of the Court

After reviewing this motion, the Court orders that:

- ☐ This motion is GRANTED without hearing and the existing support order is modified to zero dollars.
- ☐ This motion is DENIED.
- ☐ A HEARING be held regarding this motion at the time and place listed below. The Court also orders the Support Enforcement Officer to give notice to all parties of this motion and of the time and place where the court will hear it, by having a true and attested copy of the motion and this Order served on all parties at least 12 days before the hearing. Proof of service must be made to this Court at least 6 days before the date of the hearing.

Hearing to be held at:

| | | |
|-------------------|--------------|-----------------------|
| Judicial district | Hearing Date | Hearing Room and Time |
| Address of court | | |

TO ANY PROPER OFFICER:

By Authority of the State of Connecticut, you must serve a true and attested copy of the above Motion and Order on the person named below in one of the ways required by law at least **12 days** before the date of the hearing, and file proof of service with this Court at least **6 days** before the hearing

| | |
|---------------------|---|
| Person to be served | Mailing address (Number, street, town, state, and zip code) |
|---------------------|---|

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|--|-------------|
| Signed (Family Support Magistrate / Assistant Clerk / Support Enforcement Officer) | Date signed |
| By the Court | |

Order After Hearing

After hearing, the court orders that:

- ☐ This motion is GRANTED and the existing support order is modified to zero dollars.
- ☐ This motion is DENIED.

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| Signed (Family Support Magistrate / Assistant Clerk) | Date signed |
| By the Court | |