

Date: \_\_\_\_\_

\_\_\_\_\_  
(Marshal's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State)

Dear Marshal:

Enclosed please find a **\_\_Motion for Modification**

to be served on \_\_\_\_\_.

The best place to serve him/her is at his/her home address at \_\_\_\_\_  
\_\_\_\_\_ between the hours of \_\_\_\_\_ and \_\_\_\_\_ or at his/her place  
of employment, \_\_\_\_\_, located at \_\_\_\_\_  
\_\_\_\_\_, between the hours of \_\_\_\_\_ and \_\_\_\_\_.  
\_\_\_\_\_ is \_\_\_\_\_ years old, \_\_\_\_\_ tall, and

*(Name of person to be served)*

\_\_\_\_\_  
*(physical description).*

Please make your return of service to me and *(check one)*

\_\_\_\_ bill me directly, or

\_\_\_\_ submit to State of CT for payment in accordance with enclosed order to waive fees.

Please file proof of service with this court at least six days before the hearing. Please call me if you have any questions. Thank you.

Sincerely,

\_\_\_\_\_  
*(Your Name)*

\_\_\_\_\_  
*(Your Street Address)*

\_\_\_\_\_  
*(Your City, State, Zip)*

\_\_\_\_\_  
*(Your Telephone Number)*