## MOTION FOR MODIFICATION

JD-FM-174 Rev. 8-09 C.G.S. § 46b-86, P.B. §§ 25-26, 25-30, 25-57, 25-65

## STATE OF CONNECTICUT SUPERIOR COURT www.jud.ct.gov



(Check one)

		you to attach a request for leave with a motion nd attach a Request for Leave form (JD-FM-20	
Judicial District of	At (Town)		Docket Number
Plaintiff's Name (Last, first, middle initial)	I	Plaintiff's Address (Number, street, city, state	, zip code)
Defendant's Name (Last, first, middle initial)		Defendant's Address (Number, street, city, st	ate, zip code)
Type of Motion to Modify			
Child Support Alimony	Custody Visitation	Other (Specify):	
(Name)	, am the  Plaintiff	☐ Defendant. I respectfully re	present that:
1. This Court issued an order d	ated direct	ing(Name)	, residing at
(Complete the boxes that apply to your n	(Number, street, city, state, zip code)	to:	
Pay Child Support in the Amount of:	Pay Alimony in the An	nount of: Have C	ustody of the Child/Children:
Per		Per (Check	
	lows: (Attach a copy of the visitation sche		Residence with:
Other:			
2. (Check appropriate box(es) a	and explain briefly why you ai	re seeking a modification)	
☐ Since the date of the or	der, the circumstances conce	rning this case have changed su	bstantially as follows:
The final order for child	support is substantially different	ent from the Child Support Guide	lines as follows:
I ask the Court to modify	the current order as fo	ollows: (Check all that apply)	
Children (	. ,	nt least 5 days before the hearing. You mort and arrearage guidelines worksheet (	
	ease the amount of child supp	ort to be paid.	ediate income withholding.
Alimony (You must file a Fi	•	days before the hearing. You must also	file an Advisement of Rights Re:
	ease the amount of alimony to	be paid.	
<i>y</i> • • • • • • • • • • • • • • • • • • •	•	five (5) days before the hearing. You mus	
☐ Modify custody as follo		and arrearage guidelines worksheet (CCS	3 <del>0-1))</del> .
		five (5) days before the hearing. You mus and arrearage guidelines worksheet (CCS	
☐ Modify visitation (pare	nting time) as follows:		
Othor (Discosts and Color)			
Other (Please be specific):			
Signature	Pri	nt Name	Date Signed
Address (Number, street, city, state, zip code	)		Telephone (Area code first)
(Continued on back/page 2)	Check appropriate court:	Superior Court Family Supp	port Magistrate Division

Plaintiff's Name (Last, first, middle initial)	Defendant's Name (Last, first, middle initial)	Docket Number
NOTE: If you are now or have ever been a General, 55 Elm Street, Hartford, CT 0610		copy of this motion to: The Office of the Attorney
Certification		
I certify that I mailed or delivered a copy of this motion to:		Date Mailed or Delivered
Address (Number, street, city, state, zip code)*		
Signature	Print Name	Date Signed
*If necessary, attach additional sheet with name of each	ch party served and the address at which service was made	
Order For Hearing and Summo	ons (To be completed by clerk, if	applicable)
The Court orders that a hearing be hel	ld at the time and place shown below. The	Court also orders the
☐ Plaintiff ☐ Defendant to g	give notice to the opposing party of the Mo	tion 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 the opposing
party by any proper officer at least 12	days before the date of the hearing. Proof	of service must be made to this
Court at least six days before the date	e of hearing.	
Superior Court, Jud	icial District of	Date
Hearing to		
be held at Court Address		Room Number Time
T		
To any proper officer:	cticut, you must sorve a true and attested	cany of the above Motion and Order
· ·	cticut, you must serve a true and attested on in one of the ways required by law at le	• •
	ith this Court at least <b>six days</b> before the	
Person to be Served	Address	
By the Court	Assistant Clerk	Date Signed
Order		
The court has heard this motion and o	rders it Granted. Den	ied.
By the Court (Judge/F.S.M./ Assistant Clerk)		Date Ordered
For Court Use Only		
Fee for Motion to Modify:	☐ Paid ☐ Waived	