

**APPEAL FROM FAMILY  
SUPPORT MAGISTRATE**

JD-FM-111EL Rev. 6-96  
C.G.S. 46b-231(n)

STATE OF CONNECTICUT  
**SUPERIOR COURT**



**INSTRUCTIONS TO APPELLANT**

1. Prepare on typewriter or print legibly; sign the certification section.
2. Serve a copy of this form with the petition attached, to each party of record, and mail one copy, certified mail, to the following address:  
OFFICE OF ATTORNEY GENERAL, CHILD SUPPORT DEPARTMENT, 55 ELM ST., HARTFORD, CT 06106
3. File this form, with the petition attached, with the clerk of the court for the Judicial District where the magistrate's decision was rendered **WITHIN FOURTEEN DAYS OF EITHER**:
  - a. the date the final decision of the magistrate was filed with the clerk, OR
  - b. if a rehearing was requested, the date of filing the notice of the decision thereon, **WHICHEVER IS LATER**.
4. The petition must be accompanied by the filing fee or an application for waiver of fees, costs and expenses.

NAME OF CASE		DOCKET NO.
NAME AND ADDRESS OF COURT		NAME OF MAGISTRATE
FILING DATE OF MAGISTRATE'S DECISION	FILING DATE OF DECISION ON REQUEST FOR REHEARING (if applicable)	
ATTORNEYS OR PRO SE PARTY(S) AT MAGISTRATE HEARING →	FOR PLAINTIFF (include Juris No. if applicable)	FOR RESPONDENT (Include Juris No. if applicable)
TRANSCRIPT: <input type="checkbox"/> NOT NECESSARY <input type="checkbox"/> HAS BEEN ORDERED	ADDITIONAL EVIDENCE REQUESTED: <input type="checkbox"/> NO <input type="checkbox"/> YES - If yes, attach statement pursuant to C.G.S. 46b-231(n)(5)	

**NOTICE**

The filing of an appeal from a decision of a family support magistrate does not affect the order of support of a family support magistrate, but it shall continue in effect until the appeal is decided, and thereafter, unless denied, until changed by further order of a family support magistrate of the Superior Court. Further, any order entered by the court pursuant to an appeal under C.G.S. 46b-231(n) may be retroactive to the date of the original order entered by the family support

APPEAL BY: (Signature of attorney or pro se party)	TELEPHONE NO.	JURIS NO. (if applicable)
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**CERTIFICATION**

I hereby certify that a copy of the above was mailed/delivered to:

NAME OF EACH PARTY SERVED*	ADDRESS AT WHICH SERVICE WAS MADE*
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\* If necessary, attach additional sheet with names of each party served and the address at which service was made.

I further certify that a copy was mailed, certified mail, to the office of the Attorney General at the address shown in instruction #2 above in accordance with C.G.S. sec. 46(b)-231(n)(2).

SIGNED (Individual attorney or pro se party)	DATE COPY(IES) MAILED OR DELIVERED
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<b>COURT USE ONLY</b>
FILE DATE

**FOR COURT USE ONLY**

FILING FEE

- \$55 PAID
- APPLICATION FOR WAIVER FILED