

MOTION FOR MODIFICATION

JD-FM-174 Rev. 8-2000
C.G.S. § 46b-86, P.B. §§ 25-26, 25-30, 25-57, 25-65

STATE OF CONNECTICUT

SUPERIOR COURT
www.jud.state.ct.us

COURT USE ONLY
MFMOD



(Check one)

Before Judgment (Copy must be mailed or delivered to all parties/attorneys. Complete Certification on page 2/reverse.)

After Judgment (Copy must be served on all parties with an Order to Attend Hearing and Notice on page 2/reverse.)

JUDICIAL DISTRICT OF	AT (Town)	DOCKET NO.
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PLAINTIFF'S NAME (Last, first, middle initial)	DEFENDANT'S NAME (Last, first, middle initial)
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TYPE OF MOTION TO MODIFY

CUSTODY VISITATION CHILD SUPPORT ALIMONY OTHER (Specify): _____

I am the PLAINTIFF DEFENDANT. I respectfully represent that:

1. This Court issued an order dated _____ directing the plaintiff defendant to:
(Complete all that apply)

PAY CHILD SUPPORT IN THE AMOUNT OF: PER	PAY ALIMONY IN THE AMOUNT OF: PER	HAVE CUSTODY OF THE CHILD/CHILDREN: (Check one) <input type="checkbox"/> JOINT <input type="checkbox"/> SOLE
HAVE VISITATION OR PARENTING TIME AS FOLLOWS: (Attach a copy of the visitation schedule if available)		PRIMARY RESIDENCE WITH
OTHER:		

2. (Check appropriate box(es) and explain briefly why you are seeking a modification)

Since the date of the order, the circumstances concerning this case have changed substantially as follows:

The final order for child support is substantially different from the Child Support Guidelines as follows:

I ask the Court to modify the current order as follows: (Check all that apply)

CHILD SUPPORT (You must file a Financial Affidavit (JD-FM-6) at least 5 days before the hearing. You must file an Affidavit Concerning Children (JD-FM-164) before the Court will act, and a completed child support and arrearage guidelines worksheet and an Advisement of Rights Re: Income Withholding (JD-FM-71) at the hearing.)

Increase Decrease the amount of child support to be paid. Order immediate income withholding.

ALIMONY (You must file a Financial Affidavit (JD-FM-6) at least 5 days before the hearing. You must file an Advisement of Rights Re: Income Withholding (JD-FM-71) at the hearing.)

Increase Decrease the amount of alimony to be paid.

CUSTODY (You must file a Financial Affidavit (JD-FM-6) and a completed child support and arrearage guidelines worksheet at the hearing. You must file an Affidavit Concerning Children (JD-FM-164) before the Court will act.)

Modify custody as follows:

VISITATION (You must file a Financial Affidavit (JD-FM-6) at the hearing. You must file an Affidavit Concerning Children (JD-FM-164) before the Court will act. You must file a completed child support and arrearage guidelines worksheet at the hearing.)

Modify visitation (parenting time) as follows:

OTHER

(Please be specific):

SIGNATURE*	PRINT NAME	DATE SIGNED
ADDRESS (No., street, city, state, zip code)		TELEPHONE (Area code first)

NOTE: If you are now or have ever been a recipient of state assistance, you must send a copy of this motion to: The Office of the Attorney General, 55 Elm Street, Hartford, CT 06106

CERTIFICATION (Complete if motion is filed before judgment (pendente lite))

I certify that I mailed or delivered a copy of this motion to:	NAME*	DATE MAILED/DELIVERED
ADDRESS (No., street, city, state, zip code)*		

SIGNATURE	PRINT NAME	DATE SIGNED
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*If necessary, attach additional sheet with name of each party served and the address at which service was made.

ORDER TO ATTEND HEARING AND NOTICE (Complete if motion is filed after judgment)

The Court orders that a hearing be held at the time and place shown below. The Court also orders the plaintiff defendant to give notice to the opposing party of the 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 the opposing party by any proper officer at least **12 days** before the date of the hearing. Proof of service shall be made to this Court at least **six days** before the date of hearing.

BY THE COURT	ASSISTANT CLERK	DATE SIGNED
	,J/FSM.	

HEARING TO BE HELD AT →	SUPERIOR COURT, JUDICIAL DISTRICT OF	DATE	
	COURT ADDRESS	ROOM NO.	TIME

SUMMONS

TO ANY PROPER OFFICER:

By the Authority of the State of Connecticut, you must serve a true and attested copy of the above Motion and Order to Attend Hearing and Notice on the below named person 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 **six days** before the hearing.

PERSON TO BE SERVED	ADDRESS
CLERK/ASSISTANT CLERK	DATE SIGNED

ORDER

The court has heard this motion and orders it **GRANTED** **DENIED**.

BY THE COURT (Judge/FSM/ Assistant Clerk)	DATE SIGNED
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FOR COURT USE ONLY

FEE FOR MOTION TO MODIFY: PAID WAIVED