STATE OF CONNECTICUT SUPERIOR COURT www.jud.state.ct.us

COURT USE ONLY
J FILE

INSTRUCTIONS: Type or print with black ink and file with Court Clerk within 60 days of the judgment.

JUDICIAL DISTRICT OF	AT (Town)		DATE OF JUDGMENT	DOCKET NO.
APPLICANT'S NAME (Last, first, middle initial)		RESPON	DENT'S NAME (Last, first, n	niddle initial)
APPLICANT'S ADDRESS (No., street, town, state, zip code)		RESPON	DENT'S ADDRESS (No., str	eet, town, state, zip code)

Check here if additional parties are listed on the reverse (page 2).

- 1. An application asking for custody or visitation and other relief was filed in this court.
- 2. Status of case (check one):
 - Respondent filed an Appearance

Respondent failed to file an Appearance (defaulted) and the Court finds that: (a) the Application was properly served on the Respondent, and (b) the Respondent is not now nor within the past thirty days in the military service.

3. The Court in this case heard the evidence and finds the following (check all that apply):

-	The applicant is the	and th	e respondent is the		
	(State relationship)		-	(State	relationship)
	of the following minor child(ren) with the following I	birth dates:			_
	NAME OF CHILD (First, middle, last)		DATE OF BIRTH (Month	h, day, year)	
	ļ				1

The applicant and the respondent are living separate and apart.

This Court has jurisdiction to make custody and visitation orders.

The written agreement between the parties is fair and equitable under all the circumstances..

Based on these facts, the Court orders:

The agreement between the parties is attached and its terms are incorporated by reference.

Sole custody to:

Joint custody to: _____ and _____

Primary residence with:

Visitation as follows:

I hereby certify that the foregoing judgment file conforms to the judgment entered by the court.			
	Certification: (Completed by attorn	neys and any pro se parties of record)	1
BY THE COURT (Full name of Judge)	SIGNED (Judge/Assistant Clerk)	PRINT NAME OF PERSON SIGNING AT LEFT	DATE OF JUDGMENT
Other:			
☐ Child care costs as follow	/S:		
☐ Medical insurance covera	ge and unreimbursed medical cos	sts as follows:	
Contingent income	withholding		
Immediate income	withholding.		
Child support as follows:			

APPLICANT'S ATTORNEY (Or pro se party) PRINT NAME DATE SIGNED

RESPONDENT'S ATTORNEY (Or pro se party) PRINT NAME DATE SIGNED	APPLICANT'S ATTORNEY (Or pro se party)	PRINT NAME	DATE SIGNED
	RESPONDENT'S ATTORNEY (Or pro se party)	PRINT NAME	DATE SIGNED

CONTINUATION OF PARTIES - ADDITIONAL APPLICANTS

NAME (Last, first, middle initial)	ADDRESS (No., street, town and zip code)

CONTINUATION OF PARTIES - ADDITIONAL RESPONDENTS

NAME (Last, first, middle initial)	ADDRESS (No., street, town and zip code)