MOTION FOR INTERVENTION IN FAMILY MATTERS

JD-FM-185 Rev. 4-2000
C.G.S. § 46b-57

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

INSTRUCTIONS

Complete the form below to intervene in an existing case and file with the Court Clerk.
You must also file an Appearance form (JD-CL-12).

JUDICIAL DISTRICT OF	AT *(Town)*	DOCKET NO.

NAME OF CASE	RETURN DATE *(Month, day, year) (If applicable)*

INTERVENOR'S NAME *(Last, first, middle initial)*	INTERVENOR'S ADDRESS *(No., street, town, state, zip code)*

1. I am the *(State relationship to child(ren), e.g. grandparent, aunt, uncle, etc.)*: _____

2. I want *("X" one)*:
   - ☐ custody of the child(ren) listed below
   - ☐ visitation rights with the child(ren) listed below

CHILD'S NAME *(First, middle, last)*	**DATE OF BIRTH**	**NAME(S) OF PARENT(S) OR GUARDIAN(S)** *(First, middle initial, last)*

☐ *"X" here if additional children are listed on a separate sheet.*

3. Briefly explain why you are seeking to intervene in this case: _____

I request the Court's permission to intervene in this case.

I certify that a copy of the above was mailed/delivered to all counsel and pro se parties of record on:

DATE MAILED OR DELIVERED

SIGNED *(Attorney or pro se party)*	ADDRESS *(No., street, town, and zip code)*
X	

NAME OF EACH PARTY SERVED AND ADDRESS AT WHICH SERVICE WAS MADE*

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

ORDER *(To be completed by the court)*

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

☐ This Court further orders the appointment of Attorney _____ of _____ as counsel for the child(ren) in this case pursuant to the provisions of C.G.S. § 46b-54.

BY THE COURT *(Name of Judge)*	SIGNED *(Judge/Asst. Clerk)*	PRINT NAME OF PERSON SIGNING AT LEFT	DATE SIGNED
, J.			