



Is Nonadversarial Divorce for You?

What is a nonadversarial divorce?

A simplified process by which eligible parties can obtain a divorce within 35 days without having to appear before a judge.

What are the benefits of a nonadversarial divorce?

- You can obtain a divorce in 35 days or less as compared to the regular process, which takes at least 3 months
- You don't have to take time off from work to come to court
- You can move on with your life more quickly

Obtain a divorce in **35 days or less** as compared to the regular process.

Are you eligible?

If you and your spouse can check off each box below, you **may** be eligible:

- We have been married 8 years or less
- Neither of us is pregnant
- No children were born to us or adopted by us before or during the marriage
- Neither of us has any interest or title in any real property
- The total value of all property owned by us is less than \$35,000
- Neither of us has a defined benefit pension plan
- Neither of us has a pending bankruptcy
- Neither of us is applying for or receiving Medicaid benefits
- There is no other action for dissolution of our marriage pending
- There are no restraining or protective orders between us

How do I apply?

Please visit the Clerk's Office, the Court Service Center or the Judicial Branch's website at www.jud.ct.gov to get the forms that you need to start the process.

The Forms you will need to obtain a Nonadversarial Divorce

Complete the forms in this Booklet

The forms in this booklet are the forms that you will need to file a petition for a nonadversarial divorce. Please read the instructions on each form. In most cases, the forms ask you to put information into the blank or box, or to check off the correct answer for your situation. The forms need to be filled out completely or they will be returned to you for you to fill out the parts that are missing.

You may complete the court forms by printing the information in ink, by typing the information, or by using the fillable forms on the Judicial Branch website at www.jud.ct.gov under "Forms." The forms are also available at all Judicial District clerks' offices and at the Court Service Centers.

The booklet contains the following forms: *(Please click the hyperlinks below for online forms)*

- [Joint Petition – Nonadversarial Divorce \(Dissolution of Marriage\) JD-FM-242](#)
- [Notice of Automatic Court Orders – Nonadversarial Divorce JD-FM-260](#)
- [Financial Affidavit JD-FM-6 SHORT \(two copies – one for each spouse\)](#)
- [Appearance JD-CL-12 \(two copies – one for each spouse\)](#)
- [Agreement – Nonadversarial Divorce \(Dissolution of Marriage\) JD-FM-243 \(if applicable\)](#)
- [Certification of Notice in Family Cases \(Public Assistance\) JD-FM-175. \(Please note that you do not need to complete this form if you, your spouse or your child has never received public assistance.\)](#)

**JOINT PETITION -
NONADVERSARIAL DIVORCE
(DISSOLUTION OF MARRIAGE)**

JD-FM-242 Rev. 1-17
C.G.S. § 46b-44a

STATE OF CONNECTICUT
**SUPERIOR COURT
JUDICIAL BRANCH**
www.jud.ct.gov



Instructions:

Complete this form and have it notarized. Attach: (1) a Financial Affidavit (form JD-FM-6-SHORT or JD-FM-6-LONG) from each petitioner, (2) Notice of Automatic Court Orders - Nonadversarial Divorce (form JD-FM-260), and (3) a completed Appearance (form JD-CL-12) from each petitioner. If you have a settlement agreement (form JD-FM-243) that you are asking the court to include in the divorce decree, you must also file that agreement with this joint petition. After you file this form and before the court orders a divorce decree, if either petitioner wants to stop this nonadversarial process, a petitioner must file with the clerk a Notice of Revocation (form JD-FM-245).

For Court Use only NADJPET 

Judicial District of	At (Town)	Case Type: Major <u>E</u> Minor <u>05</u>	Docket number
Name of Petitioner A (Last, First, Middle Initial)		Name of Petitioner B (Last, First, Middle Initial)	
Birth name of Petitioner A (If different from above)		Birth name of Petitioner B (If different from above)	
Address of Petitioner A (Number, street, town, state, and zip code)		Address of Petitioner B (Number, street, town, state, and zip code)	
Phone number of Petitioner A		Phone number of Petitioner B	
Date of marriage	Location of marriage (Town and State or Country)		

("X" all that apply)

- At least one petitioner has lived in Connecticut for at least 12 months immediately before the filing of this divorce joint petition or before the divorce will become final.
- At least one petitioner lived in Connecticut at the time of the marriage, moved away, and then returned to Connecticut, planning to live here permanently.
- The marriage broke down after at least one petitioner moved to Connecticut.

As of the time of filing of the joint petition in this action, the petitioners attest that the following conditions exist:

1. The marriage has broken down irretrievably;
2. The duration of the marriage does not exceed 8 years;
3. Neither petitioner is pregnant;
4. No children were born to or adopted by the petitioners prior to, or during, the marriage;
5. Neither petitioner has any interest or title in real property;
6. The total combined fair market value of all property owned by either petitioner, excluding all encumbrances, is less than \$35,000;
7. Neither petitioner has a defined benefit pension plan;
8. Neither petitioner has a pending petition for relief under the United States Bankruptcy Code;
9. Neither petitioner is applying for or receiving benefits pursuant to Title XIX of the Social Security Act;
10. No other action for dissolution of marriage, civil union, legal separation or annulment is pending in this state or in a foreign jurisdiction; and
11. A restraining order, issued pursuant to section 46b-15 of the Connecticut General Statutes, or a protective order, issued pursuant to section 46b-38c of the Connecticut General Statutes, between the petitioners is not in effect.

Note: After the filing of the joint petition and before the court enters a divorce decree, if a change occurs to any of the conditions listed above, one or both of the petitioners shall notify the court immediately of the changed condition.

ADA NOTICE

The Judicial Branch of the State of Connecticut complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation in accordance with the ADA, contact a court clerk or an ADA contact person listed at www.jud.ct.gov/ADA.

("X" all that apply) Petitioner A; Petitioner B; listed above has received from the State of Connecticut:

financial support ("X" one) Yes No Do not know

HUSKY Health Insurance ("X" one) Yes No Do not know

If yes, **you must** send a copy of this joint petition and any other documents filed with this joint petition to the Assistant Attorney General, 55 Elm Street, Hartford, CT 06106, and file the *Certification of Notice (JD-FM-175)* with the court clerk.

("X" all that apply) Petitioner A; Petitioner B; listed above has received financial support from a city or town in Connecticut ("X" one) Yes (State, City, or Town: _____) No Do not know

If yes, send a copy of this joint petition and any other documents filed with this joint petition to the City Clerk of the town providing assistance and file the *Certification of Notice (JD-FM-175)* with the court clerk.

The Court is asked to order a divorce (dissolution of marriage) and: ("X" all that apply)

The settlement agreement filed with this joint petition be incorporated by reference into the divorce decree (decree of dissolution).

A name change to the birth or former name for Petitioner A to _____

A name change to the birth or former name for Petitioner B to _____

Certification and Attestation

Both petitioners attest that:

1. They agree to proceed by consent and waive service of process;
2. Neither petitioner is acting under duress or coercion;
3. Each petitioner is waiving any right to **a trial, alimony, spousal support or an appeal;**
and
4. The terms of any separation agreement filed with this joint petition are fair and equitable.

Petitioner A

I attest that the statements in this petition are true to the best of my knowledge and belief

Signature of Petitioner A

Print name of Petitioner A

Date signed

State of Connecticut, County of

ss.

On this the ____ day of _____, 20____, before me, _____, the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purposes therein contained, and swore under oath or affirmed and declared that the information stated on this Joint Petition is complete, true, and accurate.

In witness whereof I hereunto set my hand.

Signature of Clerk, Commissioner of Superior Court, or Notary Public

Date Commission Expires:

Petitioner B

I attest that the statements in this petition are true to the best of my knowledge and belief

Signature of Petitioner B

Print name of Petitioner B

Date signed

State of Connecticut, County of

ss.

On this the ____ day of _____, 20____, before me, _____, the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purposes therein contained, and swore under oath or affirmed and declared that the information stated on this Joint Petition is complete, true, and accurate.

In witness whereof I hereunto set my hand.

Signature of Clerk, Commissioner of Superior Court, or Notary Public

Date Commission Expires:

**NOTICE OF AUTOMATIC
COURT ORDERS —
NONADVERSARIAL DIVORCE**

JD-FM-260 New 1-17
P.B. § 25-5B



www.jud.ct.gov

Attach to Joint Petition - Nonadversarial Divorce (Dissolution of Marriage) (JD-FM-242)

The following automatic orders shall apply to both petitioners upon filing of the joint petition. An automatic order shall not apply if there is a prior, contradictory order of a judicial authority. The automatic orders shall remain in place until further order of a judicial authority:

- (1) Neither petitioner shall sell, transfer, exchange, assign, remove, or in any way dispose of, without the consent of the other petitioner in writing, or an order of a judicial authority, any property, except in the usual course of business or for customary and usual household expenses or for reasonable attorney's fees in connection with this action.
- (2) Neither petitioner shall conceal any property.
- (3) Neither petitioner shall encumber without the consent of the other petitioner, in writing, or an order of a judicial authority, any property except in the usual course of business or for customary and usual household expenses or for reasonable attorney's fees in connection with this action.
- (4) Neither petitioner shall cause any asset, or portion thereof, co-owned or held in joint name, to become held in his or her name solely without the consent of the other petitioner, in writing, or an order of the judicial authority.
- (5) Neither petitioner shall incur unreasonable debts hereafter, including, but not limited to, further encumbering any assets, or unreasonably using credit cards or cash advances against credit cards.
- (6) Neither petitioner shall cause the other petitioner to be removed from any medical, hospital and dental insurance coverage, and each petitioner shall maintain the existing medical, hospital and dental insurance coverage in full force and effect.
- (7) Neither petitioner shall change the beneficiaries of any existing life insurance policies, and each petitioner shall maintain the existing life insurance, automobile insurance, homeowners or renters insurance policies in full force and effect.
- (8) If the petitioners are living together on the date of these orders, neither petitioner may deny the other petitioner use of the current primary residence of the petitioners without order of a judicial authority. This provision shall not apply if there is a prior, contradictory order of a judicial authority.
- (9) The petitioners shall each complete and exchange sworn financial statements substantially in accordance with a form prescribed by the chief court administrator and file the financial statements with the joint petition. The petitioner may thereafter enter and submit to the court a stipulated interim order allocating income and expenses.

By Order Of The Court

Failure to obey these orders may be punishable by contempt of court. If you object to or seek modification of these orders during the pendency of the action, you have the right to a hearing before a judge within a reasonable time.

Summary Of Automatic Court Orders

The court orders on this form apply to both petitioners in this case, upon filing of the joint petition, unless there is already a court order which is different than one of these orders. The automatic court orders are summarized below, but you must follow the actual orders on this form. If you do not understand the actual automatic court orders, you may want to talk to an attorney.

Neither petitioner may:

- Sell, exchange, take away, give away or dispose of any property without written agreement with the other petitioner or a court order except in their usual business or for usual expenses for the home or for reasonable attorney's fees for this case;
- Hide any property;
- Mortgage any property except in their usual business or for usual expenses for the house or for reasonable attorney's fees for this case without written agreement or a court order;
- Have any asset or an asset that is owned by both petitioners become owned only by him or her without written agreement or a court order;
- Go into unreasonable debt by borrowing money or using credit cards or cash advances unreasonably;
- Take the other off any existing medical, hospital, doctor or dental insurance policy or let any such insurance coverage end;
- Change the terms or named beneficiaries of any existing insurance policy or let any existing insurance coverage end, including life, automobile, homeowner's or renter's insurance;
- Deny use of the family home to the other person without a court order, if you are living together on the date the joint petition is filed.
- Both petitioners must complete and give to each other sworn financial affidavits and file them with the joint petition

If you do not obey these orders while your case is pending, you may be punished by being held in contempt of court. If you object to these orders or want them changed, you have a right to a hearing before a judge within a reasonable time, by filing a motion to modify these orders with the court clerk.

ADA Notice

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FINANCIAL AFFIDAVIT

JD-FM-6-SHORT Rev. 2-16
P.B. §§ 25-30, 25a-15

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

Court Use Only

FINAFFS



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Docket number

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Instructions

Use this short version if your **gross annual income is less than \$75,000** (see Section I. Income) and your **total net assets are less than \$75,000** (see Section IV. Assets). Otherwise, use the long version, form JD-FM-6-LONG.

For the Judicial District of _____

At (Address of Court) _____

Name of case _____

Name of affiant (Person submitting this form) _____

Plaintiff Defendant

Certification

I understand that the information stated on this Financial Statement and the attached Schedules, if any, is complete, true, and accurate. **I understand that willful misrepresentation of any of the information provided will subject me to sanctions and may result in criminal charges being filed against me.**

I. Income

1) Gross Weekly Income/Monies and Benefits From All Sources

Computed based on year-to-date, but no less than the last 13 weeks. If computation is based on less than 13 weeks or if your computations are not reflective of current wages, explain:

Paid: Weekly Bi-weekly Monthly Semi-monthly Annually

If income is not paid weekly, adjust the rate of pay to weekly as follows:

Bi-weekly → divide by 2	Semi-monthly → multiply by 2, multiply by 12, divide by 52
Monthly → multiply by 12, divide by 52	Annually → divide by 52

(a)	Employer	Address	Base Pay:	
Job 1	_____	_____	<input type="checkbox"/> Salary	<input type="checkbox"/> Wages \$ _____
Job 2	_____	_____	<input type="checkbox"/> Salary	<input type="checkbox"/> Wages \$ _____
Job 3	_____	_____	<input type="checkbox"/> Salary	<input type="checkbox"/> Wages \$ _____

Total of base pay from salary and wages of all jobs \$ _____

(b) Overtime	\$ _____	(j) Child Support (Actually received).....	\$ _____
(c) Self-employment.....	\$ _____	(k) Alimony (Actually received).....	\$ _____
(d) Tips.....	\$ _____	(l) Rental and income producing property....	\$ _____
(e) Social Security.....	\$ _____	(m) Contributions from household member(s)	\$ _____
(f) Disability.....	\$ _____	(n) Cash income.....	\$ _____
(g) Unemployment	\$ _____	(o) Veterans Benefits	\$ _____
(h) Worker's compensation	\$ _____	(p) Other: _____	\$ _____
(i) Public Assistance (Welfare, TFA payments)	\$ _____		

(q) Total Gross Weekly Income/Monies and Benefits From All Sources (Add items a through p) \$ _____

Hours worked per week _____

Gross yearly income from prior tax year. Provide amount of income, not copies of forms \$ _____

List here and explain any other income including but not limited to: non-reported income; and support provided by relatives, friends, and others:

2) Mandatory Deductions (If consistent deductions don't occur every pay check **provide average amounts.**)

	Job 1	Job 2	Job 3	Totals
(1) Federal income tax deductions (claiming ___ exemptions)	\$ _____	\$ _____	\$ _____	\$ _____
(2) Social Security or Mandatory Retirement	\$ _____	\$ _____	\$ _____	\$ _____
(3) State income tax deductions (claiming ___ exemptions)	\$ _____	\$ _____	\$ _____	\$ _____
(4) Medicare	\$ _____	\$ _____	\$ _____	\$ _____
(5) Health insurance	\$ _____	\$ _____	\$ _____	\$ _____
(6) Union dues	\$ _____	\$ _____	\$ _____	\$ _____
(7) Prior court order — child support or alimony	\$ _____	\$ _____	\$ _____	\$ _____
(8) Total Mandatory Deductions (add items 1 through 7)	\$ _____	\$ _____	\$ _____	\$ _____

3) Net Weekly Income \$ _____
 Subtract the Total Mandatory Deductions [see item I., 2), (8)] from the Total Gross Weekly Income/Monies and Benefits From All Sources [see item I., 1), q]

II. Weekly Expenses Not Deducted From Pay

If expenses are not paid weekly, adjust the rate of payment to weekly as follows:

Bi-weekly → divide by 2	Semi-monthly → multiply by 2, multiply by 12, divide by 52
Monthly → multiply by 12, divide by 52	Annually → divide by 52

Insert an ("x") in the box if you are **not** currently paying the expense, or if someone else is paying the expense.

Home:
 Rent or Mortgage (Principal, Interest — \$ _____ Property taxes and assessments \$ _____
Real Estate Taxes and Insurance if escrowed)

Utilities:
 Oil \$ _____ Telephone/Cell/Internet..... \$ _____
 Electricity \$ _____ Trash Collection \$ _____
 Gas \$ _____ T.V./Internet \$ _____
 Water and Sewer..... \$ _____

Groceries (after food stamps): Including household supplies, formula, diapers \$ _____

Transportation:
 Gas/Oil \$ _____ Auto Loan or Lease \$ _____
 Repairs/Maintenance \$ _____ Public Transportation \$ _____
 Automobile Insurance/Tax/Registration ... \$ _____

Insurance Premiums:
 Medical/Dental (Out-of-pocket expense after Health Savings Account/Plan)..... \$ _____ Life \$ _____
 Uninsured Medical/Dental not paid by insurance \$ _____
 Clothing \$ _____

Child(ren):
 Child Support of this case \$ _____ Child Care Expense (after deductions, credits and subsidies)..... \$ _____
 Child Support of other children other than this case (attach a copy of the order) ... \$ _____ Child(ren)'s activities (e.g., lessons, sports, etc.) \$ _____
 Alimony: Payable to this spouse \$ _____ Alimony: Payable to another spouse \$ _____
 Extraordinary travel expenses for visitation with child(ren) \$ _____
 Other (Specify): \$ _____

Total Weekly Expenses Not Deducted From Pay \$ _____

III. Liabilities (Debts)

Do not include expenses listed above. Do not include mortgage current principal balance or loan balances that are listed under "Assets."

Creditor Name /Type of Debt	Balance Due	Date Debt Incurred/ Revolving	Weekly Payment
Credit Card, Consumer, Tax, Health Care, Other Debt			
<input type="checkbox"/> Sole <input type="checkbox"/> Joint	\$ _____		\$ _____
<input type="checkbox"/> Sole <input type="checkbox"/> Joint	\$ _____		\$ _____

	<input type="checkbox"/> Sole	<input type="checkbox"/> Joint	\$		\$
	<input type="checkbox"/> Sole	<input type="checkbox"/> Joint	\$		\$
	<input type="checkbox"/> Sole	<input type="checkbox"/> Joint	\$		\$

(A). Total Liabilities (Total Balance Due on Debts)..... \$

(B). Total Weekly Liabilities Expense \$

IV. Assets

Note: Under "Ownership" indicate S for sole, JTS for joint with spouse, and JTO for joint with other. You must complete the last column to the right "Value of Your Interest" in each applicable section.

A. Real Estate (including time share)

Address	Ownership			a. Fair Market Value (Estimate)	b. Mortgage Current Principal Balance	c. Equity Line of Credit and Other Liens	d. Equity (d = a minus (b + c))	e. Value of Your Interest
	S	JTS	JTO					
Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$	\$
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$	\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$	\$

Total Net Value of Real Estate: \$

B. Motor Vehicles

Year	Make	Model	Ownership			a. Value	b. Loan Balance	c. Equity (c = a minus b)	d. Value of Your Interest
			S	JTS	JTO				
1:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$
2:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$

Total Net Value of Motor Vehicles: \$

C. Bank Accounts

Do not include custodial accounts or child(ren)'s assets — complete Section V. below.

Institution	Account Number (last 4 numbers only)	Ownership			Current Balance/ Value	Value of Your Interest
		S	JTS	JTO		
Checking		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Savings		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Other		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$

Total Net Value of Bank Accounts: \$

D. Stocks, Bonds, Mutual Funds

Company	Account Number (last 4 numbers only)	Listed Beneficiary	Current Balance/ Value
			\$
			\$

Total Net Value of Stocks, Bonds, Mutual Funds: \$

E. Insurance (exclude children) D = Disability L = Life

Name of Insured	D	L	Company	Account Number (last 4 numbers only)	Listed Beneficiary	Current Balance/ Value
						\$
						\$

Total Net Value of Insurance: \$

F. Retirement Plans (Pensions on Interest, Individual IRA, 401K, Keogh, etc.)

Type of Plan	Name of Plan/Bank/Company	Account Number (last 4 numbers only)	Listed Beneficiary	Receiving Payments	Current Balance/ Value
				<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
				<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

Total Net Value of Retirement Plans: \$

G. Business Interest/Self-Employment

If you own an interest in a business, or are self-employed, complete this section.

Name of Business	Percent Owned	Value
	%	\$

Total Net Value of Business Interest/Self-Employment: \$

H. Other Assets

Name of Asset	Current Balance/ Value	Name of Asset	Current Balance/ Value
	\$		\$
	\$		\$
	\$		\$
	\$		\$

Total Net Value of Other Assets: \$

I. Total Net Value All Assets (add items A through H)..... \$

V. Child(ren)'s Assets

Include Uniform Gift to Minor Account, Uniform Trust to Minor Account, College Accounts/529 Account, Custodial Account, etc.

Institution	Account Number (last 4 numbers only)	Listed Beneficiary	Person Who Controls the Account (Fiduciary)	Current Balance/ Value
				\$
				\$

Total Net Value of Child(ren)'s Assets: \$

VI. Health (Medical and/or Dental Insurance)

Company	Name of Insured Person(s) Covered by the Policy

Do you or any member of your family have HUSKY Health Insurance Coverage? Yes No I Don't Know
If Yes, whom?

Important:

If you have other financial information that has not yet been disclosed, you have an affirmative duty to disclose that information. List additional information below:

Summary (Use the amounts shown in Sections I. through IV.)

Total Net Weekly Income (See Section I. 3)..... \$ _____
Total Weekly Expenses and Liabilities (Total From Section II. + III.(B))..... \$ _____
Total Cash Value of Assets (See Section IV. I.) \$ _____
Total Liabilities (Total Balance Due on Debts) (See Section III. (A))..... \$ _____

Certification

I certify under the penalties of perjury that the information stated on this Financial Statement and the attached Schedules, if any, is complete, true, and accurate. **I understand that willful misrepresentation of any of the information provided will subject me to sanctions and may result in criminal charges being filed against me.**

I, _____ the Plaintiff Defendant herein, residing at _____, telephone number _____, being duly

sworn, depose and say that the following is an accurate statement of my income from all sources, my liabilities, my assets and my net worth, from whatever sources, and whatever kind and nature, and wherever situated.

Signed (Affiant)		Date signed
Signed (Notary, Commissioner of Superior Court, Assistant Clerk, Other Proper Officer under Section 1-24 of the Connecticut General Statutes)	Print name and title of person signing at left	Date signed

FINANCIAL AFFIDAVIT

JD-FM-6-SHORT Rev. 2-16
P.B. §§ 25-30, 25a-15

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

Court Use Only
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Docket number
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Instructions

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For the Judicial District of _____ At (Address of Court) _____

Name of case _____

Name of affiant (Person submitting this form) _____ Plaintiff Defendant

Certification

I understand that the information stated on this Financial Statement and the attached Schedules, if any, is complete, true, and accurate. **I understand that willful misrepresentation of any of the information provided will subject me to sanctions and may result in criminal charges being filed against me.**

I. Income

1) Gross Weekly Income/Monies and Benefits From All Sources

Computed based on year-to-date, but no less than the last 13 weeks. If computation is based on less than 13 weeks or if your computations are not reflective of current wages, explain:

Paid: Weekly Bi-weekly Monthly Semi-monthly Annually

If income is not paid weekly, adjust the rate of pay to weekly as follows:

Bi-weekly → divide by 2	Semi-monthly → multiply by 2, multiply by 12, divide by 52
Monthly → multiply by 12, divide by 52	Annually → divide by 52

(a)	Employer	Address	Base Pay:
Job 1	_____	_____	<input type="checkbox"/> Salary <input type="checkbox"/> Wages \$ _____
Job 2	_____	_____	<input type="checkbox"/> Salary <input type="checkbox"/> Wages \$ _____
Job 3	_____	_____	<input type="checkbox"/> Salary <input type="checkbox"/> Wages \$ _____

Total of base pay from salary and wages of all jobs \$ _____

(b) Overtime	\$ _____	(j) Child Support (Actually received).....	\$ _____
(c) Self-employment.....	\$ _____	(k) Alimony (Actually received).....	\$ _____
(d) Tips.....	\$ _____	(l) Rental and income producing property....	\$ _____
(e) Social Security.....	\$ _____	(m) Contributions from household member(s)	\$ _____
(f) Disability.....	\$ _____	(n) Cash income.....	\$ _____
(g) Unemployment	\$ _____	(o) Veterans Benefits	\$ _____
(h) Worker's compensation	\$ _____	(p) Other: _____	\$ _____
(i) Public Assistance (Welfare, TFA payments)	\$ _____		

(q) Total Gross Weekly Income/Monies and Benefits From All Sources (Add items a through p) \$ _____

Hours worked per week _____

Gross yearly income from prior tax year. Provide amount of income, not copies of forms \$ _____

List here and explain any other income including but not limited to: non-reported income; and support provided by relatives, friends, and others:

2) Mandatory Deductions (If consistent deductions don't occur every pay check **provide average amounts.**)

	Job 1	Job 2	Job 3	Totals
(1) Federal income tax deductions (claiming ___ exemptions)	\$ _____	\$ _____	\$ _____	\$ _____
(2) Social Security or Mandatory Retirement	\$ _____	\$ _____	\$ _____	\$ _____
(3) State income tax deductions (claiming ___ exemptions)	\$ _____	\$ _____	\$ _____	\$ _____
(4) Medicare	\$ _____	\$ _____	\$ _____	\$ _____
(5) Health insurance	\$ _____	\$ _____	\$ _____	\$ _____
(6) Union dues	\$ _____	\$ _____	\$ _____	\$ _____
(7) Prior court order — child support or alimony	\$ _____	\$ _____	\$ _____	\$ _____
(8) Total Mandatory Deductions (add items 1 through 7)	\$ _____	\$ _____	\$ _____	\$ _____

3) Net Weekly Income \$ _____

Subtract the Total Mandatory Deductions [see item I., 2), (8)] from the Total Gross Weekly Income/Monies and Benefits From All Sources [see item I., 1), q]

II. Weekly Expenses Not Deducted From Pay

If expenses are not paid weekly, adjust the rate of payment to weekly as follows:

Bi-weekly → divide by 2	Semi-monthly → multiply by 2, multiply by 12, divide by 52
Monthly → multiply by 12, divide by 52	Annually → divide by 52

Insert an ("x") in the box if you are **not** currently paying the expense, or if someone else is paying the expense.

Home:
 Rent or Mortgage (Principal, Interest — \$ _____ Property taxes and assessments \$ _____
Real Estate Taxes and Insurance if escrowed)

Utilities:
 Oil \$ _____ Telephone/Cell/Internet..... \$ _____
 Electricity \$ _____ Trash Collection \$ _____
 Gas \$ _____ T.V./Internet \$ _____
 Water and Sewer..... \$ _____

Groceries (after food stamps): Including household supplies, formula, diapers \$ _____

Transportation:
 Gas/Oil \$ _____ Auto Loan or Lease \$ _____
 Repairs/Maintenance \$ _____ Public Transportation \$ _____
 Automobile Insurance/Tax/Registration ... \$ _____

Insurance Premiums:
 Medical/Dental (Out-of-pocket expense after Health Savings Account/Plan)..... \$ _____ Life \$ _____

Uninsured Medical/Dental not paid by insurance \$ _____

Clothing \$ _____

Child(ren):
 Child Support of this case \$ _____ Child Care Expense (after deductions, credits and subsidies)..... \$ _____

Child Support of other children other than this case (attach a copy of the order) ... \$ _____ Child(ren)'s activities (e.g., lessons, sports, etc.) \$ _____

Alimony: Payable to this spouse \$ _____ Alimony: Payable to another spouse \$ _____

Extraordinary travel expenses for visitation with child(ren) \$ _____

Other (Specify): \$ _____

Total Weekly Expenses Not Deducted From Pay \$ _____

III. Liabilities (Debts)

Do not include expenses listed above. Do not include mortgage current principal balance or loan balances that are listed under "Assets."

Creditor Name /Type of Debt	Balance Due	Date Debt Incurred/ Revolving	Weekly Payment
Credit Card, Consumer, Tax, Health Care, Other Debt			
<input type="checkbox"/> Sole <input type="checkbox"/> Joint	\$ _____		\$ _____
<input type="checkbox"/> Sole <input type="checkbox"/> Joint	\$ _____		\$ _____

<input type="checkbox"/> Sole <input type="checkbox"/> Joint	\$	\$
<input type="checkbox"/> Sole <input type="checkbox"/> Joint	\$	\$
<input type="checkbox"/> Sole <input type="checkbox"/> Joint	\$	\$

(A) Total Liabilities (Total Balance Due on Debts) \$

(B) Total Weekly Liabilities Expense \$

IV. Assets

Note: Under "Ownership" indicate S for sole, JTS for joint with spouse, and JTO for joint with other. You must complete the last column to the right "Value of Your Interest" in each applicable section.

A. Real Estate (including time share)

Address	Ownership			a. Fair Market Value (Estimate)	b. Mortgage Current Principal Balance	c. Equity Line of Credit and Other Liens	d. Equity (d = a minus (b + c))	e. Value of Your Interest
	S	JTS	JTO					
Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$	\$
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$	\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$	\$

Total Net Value of Real Estate: \$

B. Motor Vehicles

Year	Make	Model	Ownership			a. Value	b. Loan Balance	c. Equity (c = a minus b)	d. Value of Your Interest
			S	JTS	JTO				
1:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$
2:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$

Total Net Value of Motor Vehicles: \$

C. Bank Accounts

Do not include custodial accounts or child(ren)'s assets — complete Section V. below.

Institution	Account Number (last 4 numbers only)	Ownership			Current Balance/Value	Value of Your Interest
		S	JTS	JTO		
Checking		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Savings		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Other		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$

Total Net Value of Bank Accounts: \$

D. Stocks, Bonds, Mutual Funds

Company	Account Number (last 4 numbers only)	Listed Beneficiary	Current Balance/Value
			\$
			\$

Total Net Value of Stocks, Bonds, Mutual Funds: \$

E. Insurance (exclude children) D = Disability L = Life

Name of Insured	D	L	Company	Account Number (last 4 numbers only)	Listed Beneficiary	Current Balance/Value
						\$
						\$

Total Net Value of Insurance: \$

F. Retirement Plans (Pensions on Interest, Individual IRA, 401K, Keogh, etc.)

Type of Plan	Name of Plan/Bank/Company	Account Number (last 4 numbers only)	Listed Beneficiary	Receiving Payments	Current Balance/Value
				<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
				<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

Total Net Value of Retirement Plans: \$

G. Business Interest/Self-Employment

If you own an interest in a business, or are self-employed, complete this section.

Name of Business	Percent Owned	Value
	%	\$

Total Net Value of Business Interest/Self-Employment: \$

H. Other Assets

Name of Asset	Current Balance/ Value	Name of Asset	Current Balance/ Value
	\$		\$
	\$		\$
	\$		\$
	\$		\$

Total Net Value of Other Assets: \$

I. Total Net Value All Assets (add items A through H)..... \$

V. Child(ren)'s Assets

Include Uniform Gift to Minor Account, Uniform Trust to Minor Account, College Accounts/529 Account, Custodial Account, etc.

Institution	Account Number (last 4 numbers only)	Listed Beneficiary	Person Who Controls the Account (Fiduciary)	Current Balance/ Value
				\$
				\$

Total Net Value of Child(ren)'s Assets: \$

VI. Health (Medical and/or Dental Insurance)

Company	Name of Insured Person(s) Covered by the Policy

Do you or any member of your family have HUSKY Health Insurance Coverage? Yes No I Don't Know
If Yes, whom?

Important:

If you have other financial information that has not yet been disclosed, you have an affirmative duty to disclose that information. List additional information below:

Summary (Use the amounts shown in Sections I. through IV.)

Total Net Weekly Income (See Section I. 3)..... \$ _____
Total Weekly Expenses and Liabilities (Total From Section II. + III.(B))..... \$ _____
Total Cash Value of Assets (See Section IV. I.) \$ _____
Total Liabilities (Total Balance Due on Debts) (See Section III. (A))..... \$ _____

Certification

I certify under the penalties of perjury that the information stated on this Financial Statement and the attached Schedules, if any, is complete, true, and accurate. **I understand that willful misrepresentation of any of the information provided will subject me to sanctions and may result in criminal charges being filed against me.**

I, _____ the Plaintiff Defendant herein, residing at _____, telephone number _____, being duly

sworn, depose and say that the following is an accurate statement of my income from all sources, my liabilities, my assets and my net worth, from whatever sources, and whatever kind and nature, and wherever situated.

Signed (Affiant)		Date signed
Signed (Notary, Commissioner of Superior Court, Assistant Clerk, Other Proper Officer under Section 1-24 of the Connecticut General Statutes)	Print name and title of person signing at left	Date signed

APPEARANCE

JD-CL-12 Rev. 9-13
P.B. §§ 3-1 thru 3-6, 3-8, 10-13, 25A-2

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

Instructions — See Back/Page 2
ADA Notice — See Back/Page 2

Notice To Self-Represented Parties

A self-represented party is a person who represents himself or herself. If you are a self-represented party and you filed an appearance before and you have since changed your address, you must let the court and all attorneys and self-represented parties of record know that you have changed your address by checking the box below:

I am filing this appearance to let the court and all attorneys and self-represented parties of record know that I have changed my address. My new address is below.

Return date
Docket number

Name of case (Full name of Plaintiff vs. Full name of Defendant)

<input type="checkbox"/> Judicial District <input type="checkbox"/> Housing Session <input type="checkbox"/> Small Claims <input type="checkbox"/> Geographic Area number _____	Address of Court (Number, street, town and zip code)
Scheduled Court date (Criminal/Motor Vehicle Matters)	

Please Enter the Appearance of

Name of self-represented party (See "Notice to Self-Represented Parties" at top), or name of official, firm, professional corporation, or individual attorney	Juris number of attorney or firm
---	----------------------------------

Mailing Address (Number, street) (Notice to attorneys and law firms - The address to which papers will be mailed from the court is the one registered or affiliated with your juris number. That address cannot be changed in this form.)	Post office box	Telephone number (Area code first)
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City/town	State	Zip code	Fax number (Area code first)	E-mail address
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in the case named above for: ("x" one of the following parties; if this is a Family Matters case, also indicate the scope of your appearance)

- The Plaintiff (includes the person suing another person).
- All Plaintiffs.
- The following Plaintiff(s) only: _____
- The Defendant (includes the person being sued or charged with a crime).
- The Defendant for the purpose of the bail hearing only (in criminal and motor vehicle cases only).
- All Defendants.
- The following Defendant(s) only: _____
- Other (Specify): _____
- This is a Family Matters case and my appearance is for: ("x" one or both)
 - matters in the Family Division of the Superior Court
 - Title IV-D Child Support matters

Note: If other counsel or a self-represented party has already filed an appearance for the party or parties "x'd" above, put an "x" in box 1 or 2 below:

1. This appearance is in place of the appearance of the following attorney, firm or self-represented party on file (P.B. Sec. 3-8): _____ (Name and Juris Number)
2. This appearance is in addition to an appearance already on file.

I agree to accept papers (service) electronically in this case under Practice Book Section 10-13 Yes No

Signed (Individual attorney or self-represented party)	Name of person signing at left (Print or type)	Date signed
--	--	-------------

Certification

I certify that a copy of this document was mailed or delivered electronically or non-electronically on (date) _____ to all attorneys and self-represented parties of record and that written consent for electronic delivery was received from all attorneys and self-represented parties receiving electronic delivery.

Name and address of each party and attorney that copy was mailed or delivered to*				For Court Use Only
Signed (Signature of filer)	Print or type name of person signing	Date signed	Telephone number	

*If necessary, attach an additional sheet or sheets with the name of each party and the address which the copy was mailed or delivered to.

APPEARANCE

JD-CL-12 Rev. 9-13
P.B. §§ 3-1 thru 3-6, 3-8, 10-13, 25A-2

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

Instructions — See Back/Page 2
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I am filing this appearance to let the court and all attorneys and self-represented parties of record know that I have changed my address. My new address is below.

Return date
Docket number

Name of case (Full name of Plaintiff vs. Full name of Defendant)

<input type="checkbox"/> Judicial District <input type="checkbox"/> Housing Session <input type="checkbox"/> Small Claims <input type="checkbox"/> Geographic Area number _____	Address of Court (Number, street, town and zip code)
Scheduled Court date (Criminal/Motor Vehicle Matters)	

Please Enter the Appearance of

Name of self-represented party (See "Notice to Self-Represented Parties" at top), or name of official, firm, professional corporation, or individual attorney	Juris number of attorney or firm
---	----------------------------------

Mailing Address (Number, street) (Notice to attorneys and law firms - The address to which papers will be mailed from the court is the one registered or affiliated with your juris number. That address cannot be changed in this form.)	Post office box	Telephone number (Area code first)
--	-----------------	------------------------------------

City/town	State	Zip code	Fax number (Area code first)	E-mail address
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in the case named above for: ("x" one of the following parties; if this is a Family Matters case, also indicate the scope of your appearance)

- The Plaintiff (includes the person suing another person).
- All Plaintiffs.
- The following Plaintiff(s) only: _____
- The Defendant (includes the person being sued or charged with a crime).
- The Defendant for the purpose of the bail hearing only (in criminal and motor vehicle cases only).
- All Defendants.
- The following Defendant(s) only: _____
- Other (Specify): _____
- This is a Family Matters case and my appearance is for: ("x" one or both)
 - matters in the Family Division of the Superior Court
 - Title IV-D Child Support matters

Note: If other counsel or a self-represented party has already filed an appearance for the party or parties "x'd" above, put an "x" in box 1 or 2 below:

1. This appearance is in place of the appearance of the following attorney, firm or self-represented party on file (P.B. Sec. 3-8): _____ (Name and Juris Number)
2. This appearance is in addition to an appearance already on file.

I agree to accept papers (service) electronically in this case under Practice Book Section 10-13 Yes No

Signed (Individual attorney or self-represented party)	Name of person signing at left (Print or type)	Date signed
--	--	-------------

Certification

I certify that a copy of this document was mailed or delivered electronically or non-electronically on (date) _____ to all attorneys and self-represented parties of record and that written consent for electronic delivery was received from all attorneys and self-represented parties receiving electronic delivery.

Name and address of each party and attorney that copy was mailed or delivered to*				For Court Use Only
Signed (Signature of filer)	Print or type name of person signing	Date signed	Telephone number	

*If necessary, attach an additional sheet or sheets with the name of each party and the address which the copy was mailed or delivered to.

**AGREEMENT -
NONADVERSARIAL DIVORCE
(DISSOLUTION OF MARRIAGE)**

JD-FM-243 New 10-15
P.A. 15-7

STATE OF CONNECTICUT
**SUPERIOR COURT
JUDICIAL BRANCH**
www.jud.ct.gov



Instructions:

If you have a settlement agreement for the court to include in the divorce decree of a nonadversarial divorce, complete this form and attach it to your joint petition (Form JD-FM-242).

For Court Use only
NADAGR

Judicial District of _____	At (Town) _____	Docket number _____
Name of Petitioner A (Last, First, Middle Initial) _____		Name of Petitioner B (Last, First, Middle Initial) _____
Address of Petitioner A (Number, street, town, state, and zip code) _____		Address of Petitioner B (Number, street, town, state, and zip code) _____
Phone number of Petitioner A _____		Phone number of Petitioner B _____

The petitioners agree that:

1. As to division of property:

2. As to division of debts:

3. As to the change of name: ("X" all that apply)

- A name change to the birth or former name for Petitioner A to _____
- A name change to the birth or former name for Petitioner B to _____

4. Other:

We certify that the above statements are our agreement.

Petitioner A

I attest that the statements of this settlement agreement are fair and equitable.

Signature of Petitioner A _____

Print name of Petitioner A _____

Subscribed and Sworn before me (Asst. Clerk, Comm. of Superior Court, Notary Public) _____

Date signed _____

Petitioner B

I attest that the statements of this settlement agreement are fair and equitable.

Signature of Petitioner B _____

Print name of Petitioner B _____

Subscribed and Sworn before me (Asst. Clerk, Comm. of Superior Court, Notary Public) _____

Date signed _____

ADA NOTICE

The Judicial Branch of the State of Connecticut complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation in accordance with the ADA, contact a court clerk or an ADA contact person listed at www.jud.ct.gov/ADA.

**CERTIFICATION OF NOTICE
IN FAMILY CASES
(PUBLIC ASSISTANCE)**

JD-FM-175 Rev. 10-15
P.B. §§ 10-12 through 10-17, 25-2
C.G.S. § 46b-55 ; P.A. 15-7

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

COURT USE ONLY
CERTPA



Instructions

If you, your spouse, or your children have ever received public assistance (state aid, city aid, or welfare) follow the instructions below (you do not have to fill out this form if your case is only about visitation):

1. Mail or deliver a copy of the Summons and Complaint, Custody Application, or Joint Petition, Notice of Automatic Court Orders, Order to Attend Hearing (if applicable), Agreement (if applicable), and a copy of the State Marshal's return (proof that the court papers were delivered/served, if applicable) to the Attorney General if the aid was provided by the State of Connecticut or to the Town Clerk's office if the aid was provided by a city or town.
2. Fill out this form.
3. Keep a copy for your records.
4. File this Certification form with the court clerk when you file your Summons and Complaint, Custody Application or Joint Petition.

Judicial District of	At (Town)	Return date (Month, day, year) (if applicable)
Name of case		Docket number (If known)

(Check all that apply)

This is to certify that a true copy of the:

- Joint Petition *(only for nonadversarial divorce)*
- Summons
- Complaint
- Custody Application *(only if seeking child support)*
- Notice of Automatic Court Orders
- Order to Attend Hearing *(for custody actions seeking support)*
- Affidavit Concerning Children *(for proceedings seeking custody)*
- Financial Affidavit
- Agreement *(if applicable)*
- State Marshal's return (if applicable)

was mailed or delivered on (month, day, year) _____ to: *(check all that apply)*

- If any party or any child received public assistance from the State of Connecticut:

The Office of the Attorney General
55 Elm Street
Hartford, CT 06106

- If any party or any child received public assistance from any town or city in the State of Connecticut:

The City Clerk for the town providing public assistance:

(Number, street, town)

Signature	Print name
Address (Number, street, town, state, zip code)	
Telephone number (Area code first)	

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