**SMALL CLAIMS MOTION TO MODIFY ORDER OF PAYMENTS**
JD-CV-160 Rev. 7-19
C.G.S. § 52-356d; P.B. 24-30

**Instructions**
*1. Type or print legibly.*
*2. Submit the original to the clerk of court.*

**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.*

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

| Name of case *(Plaintiff v. Defendant)* | Docket number |
|---|---|
| | |

| Type of court | Address of court *(Number, street, town and zip code)* |
|---|---|
| ☐ Judicial District ☐ Housing Session | |

| Your name | Your address *(Number, street, town, state and zip)* | Date |
|---|---|---|
| | | |

The ☐ Plaintiff ☐ Defendant in the above entitled matter, requests that the court modify the order of payments

from: $ _____ ☐ Weekly ☐ Bi-weekly ☐ Monthly

to: $ _____ ☐ Weekly ☐ Bi-weekly ☐ Monthly

Based upon the judgment debtor's financial circumstances as follows:

| Signed *(Individual Attorney or self-represented party)* | Print or type name of person signing | Date signed |
|---|---|---|
| | | |

## Service (Delivery)

*This document must be served on (delivered to) all parties and counsel of record as described in Section 52-350e of the Connecticut General Statutes. You may use the* ***Certification*** *below if the document is served within 180 days of the judgment or if it is served on a party who has filed a postjudgment appearance. In all other situations, you must use one of the* ***Service by Proper Officer (Marshal)*** *options.*

☐ Certification (*if applicable*)

I certify that a copy of this document was or will immediately be 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 of record who received or will immediately be receiving electronic delivery.

Name and address of each party and attorney that copy was or will be mailed or delivered to*

*If necessary, attach additional sheet(s) to include all information.

| Signed *(Signature of filer)* | Print or type name of person signing | Date signed |
|---|---|---|
| ▶ | | |

| Mailing address *(Number, street, town, state and zip code)* | Telephone number |
|---|---|
| | |

☐ Service by Proper Officer (Marshal) (*if applicable*) (*check only one box that applies*)
- ☐ Document mailed by proper officer (Marshal) by certified mail, return receipt requested and signed return receipt is attached.
- ☐ Served by proper officer in the manner in which a writ of summons is served in a civil action and officer's return of service will be filed with court.

## Order

The above motion having been presented to the court is hereby ordered:

☐ Granted.
☐ Denied.

In the amount of $ _____ ☐ Weekly ☐ Bi-weekly ☐ Monthly

First payment is due on or before _____ and ☐ Weekly ☐ Bi-weekly ☐ Monthly thereafter.

Payments are to be made to: _____

| **By the court** | Signed *(Judge/Magistrate)* | Date signed |
|---|---|---|
| | | |

Print Form Reset Form