

MOTION FOR EXTENSION OF CIVIL PROTECTION ORDER

JD-CV-146 Rev. 7-21

C.G.S. §§ 6-32, 46b-16a, 51-5c(a), 6-32(b), 53a-223c, 53a-107

STATE OF CONNECTICUT
SUPERIOR COURT

www.jud.ct.gov



Instructions to Person Filing Motion (Applicant):

1. If the applicant is under 18 years of age, the Motion for Extension must be signed and filed by an adult representative, also known as a "next friend." The next friend may be a parent, guardian or other responsible adult.
2. This motion and any documents accompanying it may be submitted to the clerk in person or by designated e-mail or fax located at www.jud.ct.gov.
3. E-mail or fax this completed form to the clerk to set a hearing date. The appropriate e-mail address or fax number may be located at www.jud.ct.gov. The clerk will return the proper papers to you at the e-mail address or fax number from which the Application was received, or if received in person, to the mailing address identified.
4. Give to State Marshal or proper officer for service. Be sure the form is returned to court after service.

Instructions to Clerk:

Assign a hearing date prior to the expiration date of the original Civil Protection Order.

Judicial District of	Court location (number, street, town, zip code)		Docket number
Name of applicant (Last, first, middle initial)	Date of birth (mm/dd/yyyy)	Sex (M/F)	Race
Address to which mail is to be sent (Number, street)* (See NOTE below)	(Town)	(State)	(Zip Code)
Home/residence address* (See NOTE below) <input type="checkbox"/> Same as mailing address	(Town)	(State)	(Zip Code)
Work address* (See NOTE below)	(Town)	(State)	(Zip Code)
Name of next friend (Last, first, middle initial) (If applicant is a minor)	Next friend address (town, state, Zip)* (See NOTE below)		

***NOTE:** All addresses provided in this application will be included on papers that are in the court file and will be provided to the respondent. The applicant's address or addresses will determine which law enforcement agencies are notified if a Civil Protection Order is granted. If you attest that disclosure of your location information would jeopardize you or your children's health, safety or liberty, you may request that your location information not be disclosed by completing a *Request of Nondisclosure of Location Information - Civil Protection Order* (form JD-CV-163).

Information About the Respondent			
Name of respondent (Person the application is filed against) (Last, first, middle initial)	Date of birth (mm/dd/yyyy)	Sex (M/F)	Race
Address of respondent (Number, street)	(Town)	(State)	(Zip Code)
Respondent's telephone number	Other identifiers (Examples include height, weight and approximate age)		
Do you know the respondent? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how do you know the respondent		
Is the respondent a member of your family or household? <input type="checkbox"/> Yes <input type="checkbox"/> No			
A member of your family or household is defined as:	• Your spouse or a person you have a civil union with • Your former spouse or a person you had a civil union with • The parent of your child • Your parent • Your child	• Someone you have cohabited with as an intimate partner (romantic, spousal, or sexual relationship while living together) • A person related to you by blood or marriage • A person you reside or resided with • A person you have (or recently had) a dating relationship with	
*NOTE: If the respondent in your case is a family or household member, you do not qualify for a Civil Protection Order and you should NOT continue to fill out this form. However, if the respondent is a family or household member you may qualify for an Order of Relief from Abuse under section 46b-15 of the Connecticut General Statutes. For more information, see Civil Protection Order Information Form (form JD-CV-148), and Restraining Orders: How to Apply for Relief from Abuse (form JDP-FM-142).			

Select here if a Criminal Protective Order or Family Restraining Order exists affecting any party to this Application.
(Enter docket number and court location)

Docket number	Court location
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Optional to applicant (If you choose to answer, Select the appropriate boxes below)

1. Does the respondent hold a permit to carry a pistol or revolver? Yes No Unknown
2. Does the respondent hold an eligibility certificate for a pistol or revolver, a long gun eligibility certificate, or an ammunition certificate? Yes No Unknown
3. Does the respondent possess one or more firearms? Yes No Unknown
4. Does the respondent possess ammunition? Yes No Unknown

If you think you need more security when you are in court for your Civil Protection Order hearing, contact the Clerk's Office or the Court Service Center in the court where your hearing is scheduled.

Name of applicant	Name of respondent	Docket number
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MOTION FOR EXTENSION OF CIVIL PROTECTION ORDER

Date (mm/dd/yyyy)

1. A Civil Protection Order was entered on _____ against the respondent.
2. The facts and circumstances that were the basis for that order still exist.
3. I continue to need the protection of this order because:

4. There is no Criminal Protective Order or Family Restraining Order currently in effect against the respondent arising from those facts and circumstances.
5. The respondent is not a member of my family or household as defined in the *Instructions and Information About the respondent* sections of this form. See sections 46b-15 and 46b-38 of the Connecticut General Statutes or the *Civil Protection Order Information Form* (form JD-CV-148), for more information.

Therefore, I move for an extension of the Civil Protection Order.

Signed (Applicant or next friend, if applicant is a minor) ▶	Subscribed and sworn to before me:	Signed (Clerk, Notary, Commissioner of Superior Court)	Date signed
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For Court Use Only		
Hearing date	Time of hearing .m.	Court location (Number, street, town, zip code and courtroom, if applicable)

To Any Proper Officer:

By authority of the State of Connecticut you are hereby commanded to serve a true and attested copy of the Motion for Extension of Civil Protection Order upon the respondent according to law **not less than five (5) days before the Hearing Date Shown above**. The cost of such service upon the respondent shall be paid for by the Judicial Branch of the State of Connecticut in accordance with section 6-32, 46b-16a, and 52-261(a) of the Connecticut General Statutes.

By Order of the Court	Signed (Assistant Clerk)	Date signed
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Return of Service

To Officer Executing Service:

Type or print legibly in the spaces below, then promptly return this and all accompanying papers to the clerk of the court at the court location above before the date of the hearing.

<input type="checkbox"/> Service executed	Date of service	Time of service	<input type="checkbox"/> a.m.
			<input type="checkbox"/> p.m.

- By leaving in the hands of or upon the respondent named above.
- Other (Specify in detail and attach additional documentation as needed)

Unable to serve (Comments)

Name of officer (Last, first)	Agency or office	Officer's telephone
Signature of officer		Date signed
Under penalty of false statement		

To any proper officer: Electronically record that service of process was executed in the Judicial Branch's service tracking system. If you are unable to electronically record that service of process was or was not executed in the Judicial Branch's service tracking system, complete the return of service section above and send a copy to the Court Operations Unit by e-mail at justice.support@jud.ct.gov or fax at 860-610-0480, and return the original papers to the clerk of the court.