MOTION FOR MODIFICATION
JD-FM-174 Rev. 3-20
C.G.S. §§ 46b-84, 46b-86
P.B. §§ 25-26, 25-30, 25-57, 25a-18, 25a-30
(Select one)

For information on ADA accommodations, contact a court clerk or go to: *www.jud.ct.gov/ADA*.

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

☐ **Before judgment** ☐ **After judgment** *If the court has ordered you to attach a request for leave with a motion for modification of a final custody or visitation order, you must complete and attach a Request for Leave form (JD-FM-202) to this motion.*

Judicial District of	At *(Town)*	Docket number
Plaintiff's name	Plaintiff's address *(Number, street, city, state, zip code)*	
Defendant's name	Defendant's address *(Number, street, city, state, zip code)*	

Type of Motion to Modify
☐ Child Support ☐ Alimony ☐ Custody ☐ Visitation ☐ Other *(Specify)*: _____

I, _____, ☐ the Plaintiff ☐ the Defendant ☐ a Support Enforcement Officer, state that:
(Name)

1. This Court issued an order dated _____ directing _____, residing at
(Name)
_____, to: *(Complete the boxes that apply to your motion)*
(Number, street, city, state, zip code)

Pay current support in the amount of: $ _____ every (per) _____	Pay alimony in the amount of: $ _____ every (per) _____	
Pay arrearages as follows: $ _____ every (per) _____ on the total arrearage owed of $ _____ as of *(date)* _____		
Have custody of the child/children: *(Select one)* ☐ Joint legal custody ☐ Sole custody	Have visitation or parenting time as follows:	Primary residence of children with:
Provide health insurance coverage ☐ No ☐ Yes	Pay _____% of unreimbursed medical expenses	Provide HUSKY/cash medical $ _____ every (per) _____
Contribute to child care _____% or $ _____	Other *(Specify)*:	

2. You must explain briefly the facts that are the reasons why you are asking for this modification.
(Select appropriate box or boxes. Attach additional sheet or sheets, if necessary.)

☐ Since the date of the order, the circumstances in this case have changed substantially, as follows:

_____

☐ The order for current child support is substantially different from the current child support and arrearage guidelines presumptive child support order, as follows:

_____

3. The ☐ plaintiff ☐ defendant is a "deploying parent" of the armed forces. The facts about that deployment or mobilization are:

_____

4.a. I am receiving state assistance or HUSKY health insurance, or I have received it in the past. ☐ Yes ☐ No
4.b. Any child that this motion is about is receiving state assistance or HUSKY health insurance, or has received it in the past. ☐ Yes ☐ No
If you answered "Yes" to either of these questions, you must send a copy of this motion to: The Office of the Attorney General, 165 Capitol Avenue, Hartford, CT 06106. If you don't give the Attorney General's Office a copy, your motion may take longer to decide.

I ask the Court to modify (change) the existing order or orders as follows: *(Select all that apply)*

a. Child Support *(**You must file a sworn to Financial Affidavit (JD-FM-6) at least 5 days before the hearing.** You **must** also file a completed Worksheet for the Connecticut Child Support and Arrearage Guidelines (CCSG-1) and an Advisement of Rights Re: Income Withholding (JD-FM-71) on your hearing date. You **may** also need to file an Affidavit Concerning Children (JD-FM-164) on your hearing date.)*

☐ Order current support ☐ Find arrearage and order payment ☐ Order immediate income withholding
☐ Increase current support ☐ Provide HUSKY/cash medical ☐ Provide health insurance coverage
☐ Decrease current support ☐ Contribute to child care ☐ Other _____

b. Alimony *(**You must file a sworn to Financial Affidavit (JD-FM-6) at least 5 days before the hearing**. You must also file an Advisement of Rights Re: Income Withholding (JD-FM-71) on your hearing date.)*

☐ Increase ☐ Decrease
the amount of alimony to be paid.

c. Custody *(**You must file a sworn to Financial Affidavit (JD-FM-6) at least 5 days before the hearing.** You must also file an Affidavit Concerning Children (JD-FM-164) and a completed Worksheet for the Connecticut Child Support and Arrearage Guidelines (CCSG-1) on your hearing date.)*

☐ Modify custody as follows:

_____

(Continued on page 2)

Select appropriate court: ☐ Superior Court ☐ Family Support Magistrate Division

Print Form Reset Form

Plaintiff's name	Defendant's name	Docket number

d. Visitation/Parenting Time

(You must file a sworn to Financial Affidavit (JD-FM-6) at least 5 days before the hearing. *You must also file an Affidavit Concerning Children (JD-FM-164) and a completed Worksheet for the Connecticut Child Support and Arrearage Guidelines (CCSG-1) on your hearing date.)*

☐ Modify visitation (parenting time) as follows:

_____

e. Other ☐

(Please be specific) _____

Signature *(Self-represented party or attorney)*	Print name	Title *(If applicable)*	Date signed
Address *(Number, street, city, state, zip code)*			Phone number

Certification

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 mailed or delivered to*

*If necessary, attach additional sheet or sheets with name and address that the copy was mailed or delivered to.

Signed *(Self-represented party or attorney)* ▶	Print or type name of person signing	Date signed

Order for Hearing and Summons *(To be completed by Clerk or Support Enforcement Officer, if applicable)*

The Court orders that a hearing be held at the time and place shown below. The Court also orders the

☐ Plaintiff ☐ Defendant ☐ Support Enforcement Officer to give notice to the opposing party of the Motion and of the time and place where the court will hear it, by having a true and attested copy of the Motion and this Order served on the opposing party by any proper officer at least **12 days** before the date of the hearing. Proof of service must be made to this Court at least **6 days** before the date of hearing.

Hearing to be held at ➡	Superior Court, Judicial District of		Date
	Court Address	Room Number	Time

TO ANY PROPER OFFICER:
By the Authority of the State of Connecticut, you must serve a true and attested copy of the above Motion and Order For Hearing and Summons on the person named below in one of the ways required by law at least **12 days** before the date of the hearing, and file proof of service with this Court at least **6 days** before the hearing.

Person to be served	Address	
By the Court	Assistant Clerk/Support Enforcement Officer	Date signed

Order

The court has heard this motion and orders it

☐ **Granted** ☐ **Denied** **and** ☐ **Further orders** *(if applicable):*

_____

_____

_____

By the Court *(Judge/Family Support Magistrate/Assistant Clerk)*	Date Ordered

For Court Use Only

Fee for Motion to Modify: ☐ Paid ☐ Waived

Print Form Reset Form