

**CUSTODY/VISITATION AGREEMENT**

JD-FM-183 Rev. 7-17  
C.G.S. § 46b-66

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

Court Use Only
<b>AGREEMENT</b>


**Instructions** Complete form. Make copies for yourselves and give the original to the court clerk.

Judicial District of	At (Town)	Docket number	
Plaintiff's name (Last, first, middle initial)		Defendant's name (Last, first, middle initial)	
Name of child (Last, First, Middle Initial)	Date of birth	Name of child (Last, First, Middle Initial)	Date of birth

**The parties agree that:**

1. The custody of the child(ren) shall be as follows:

Legal Custody:

\_\_\_\_\_

Primary Residence:

\_\_\_\_\_

2. As to visitation with the child(ren):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who will pick up/drop off for visits:

\_\_\_\_\_

Holiday and school vacation visits:

\_\_\_\_\_

\_\_\_\_\_

3. As to income withholding, we understand that the support orders are by immediate income withholding unless for cause or we both agree to it being contingent: We agree to a(n)

Immediate       Contingent      income withholding.

4. As to post-majority educational support ("X" one):

- No post-majority educational support order is requested at this time; or
- The parties ask the Court to reserve jurisdiction to determine whether a post-majority educational support order should issue and the terms of the order; or
- The parties ask the Court to find that it is more likely than not that the parents would have provided post-majority educational support, and for the Court to reserve jurisdiction to determine whether to enter an educational support order and the terms of the order; or
- The parties ask the Court to enter post-majority education support as follows (*Attach additional sheets if necessary*):

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\_\_\_\_\_

The amounts/percentages indicated below for **Child Support, Health Care Insurance Coverage, Unreimbursed Health Care Costs, and Child Care Costs** must follow the *Child Support and Arrearage Guidelines (the Guidelines)*, unless you meet one of the deviation criteria in *the Guidelines* (reasons for an amount different than *the Guidelines*). The *Guidelines* are available at any Judicial District Clerk's Office, the Court Service Centers, and on the Judicial Branch web site - [www.jud.ct.gov](http://www.jud.ct.gov).

5. As to current and/or past due child support:

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This amount follows the *Guidelines*

This amount is different from the *Guidelines* (deviation)  
Give reasons for deviation from the *Guidelines* (See *Guidelines* for reason that applies)

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6. As to health insurance and unreimbursed medical costs:

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This amount follows the *Guidelines*

This amount is different from the *Guidelines* (deviation)  
Give reasons for deviation from the *Guidelines* (See *Guidelines* for reason that applies)

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7. As to child care costs:

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This amount follows the *Guidelines*

This amount is different from the *Guidelines* (deviation)  
Give reasons for deviation from the *Guidelines* (See *Guidelines* for reason that applies)

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8. Other

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We hereby certify that the above conforms with the agreement of the parties.

Signed ( <i>Plaintiff/Plaintiff's attorney</i> )	Date	Signed ( <i>Defendant/Defendant's attorney</i> )	Date
Signed ( <i>Guardian ad Litem/Attorney for the Minor Child</i> )	Date	Approved and so ordered ( <i>Judge/Family Support Magistrate</i> )	Date