

MOTION FOR MODIFICATION

JD-FM-174 Rev. 8-09
C.G.S. § 46b-86, P.B. §§ 25-26, 25-30, 25-57, 25-65

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

COURT USE ONLY

MFMOD



(Check one)

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 Judicial District & G.A. 3	At (Town) Danbury	Docket Number 10027363
Plaintiff's Name (Last, first, middle initial) Layden, Cynthia Deceased	Plaintiff's Address (Number, street, city, state, zip code) N/A	
Defendant's Name (Last, first, middle initial) Lake, Charles	Defendant's Address (Number, street, city, state, zip code) 72 Old Route 23 Cairo, NY 12413	

Type of Motion to Modify

Child Support Alimony Custody Visitation Other (Specify): _____

I **Charles Lake** (Name), am the Plaintiff Defendant. I respectfully represent that:

1. This Court issued an order dated _____ directing _____ (Name), residing at

_____, (Number, street, city, state, zip code) to:

Pay Child Support in the Amount of: Per _____	Pay Alimony in the Amount of: Per _____	Have Custody of the Child/Children: (Check one) <input type="checkbox"/> Joint <input type="checkbox"/> Sole
Have Visitation or Parenting Time as Follows: (Attach a copy of the visitation schedule if available)		Primary Residence with:
Other:		

2. (Check appropriate box(es) and explain briefly why you are seeking a modification)

- Since the date of the order, the circumstances concerning this case have changed substantially as follows: _____
- The final order for child support is substantially different from the Child Support Guidelines as follows: _____

I ask the Court to modify the current order as follows: (Check all that apply)

Child Support (You must file a Financial Affidavit (JD-FM-6) at least 5 days before the hearing. You must also file an Affidavit Concerning Children (JD-FM-164), a completed child support and arrearage guidelines worksheet (CCSG-1), and an Advisement of Rights Re: Income Withholding (JD-FM-71)).

- Increase Decrease the amount of child support to be paid. Order immediate income withholding.

Alimony (You must file a 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)).

- Increase Decrease the amount of alimony to be paid.

Custody (You must file a Financial Affidavit (JD-FM-6) at least five (5) days before the hearing. You must also file an Affidavit Concerning Children (JD-FM-164) and a completed child support and arrearage guidelines worksheet (CCSG-1)).

- Modify custody as follows: _____

Visitation (You must file a Financial Affidavit (JD-FM-6) at least five (5) days before the hearing. You must also file an Affidavit Concerning Children (JD-FM-164) and a completed child support and arrearage guidelines worksheet (CCSG-1)).

- Modify visitation (parenting time) as follows: _____

Other (Please be specific):

- Dismiss due to over billing See Attached

Signature 	Print Name Charles Lake	Date Signed
Address (Number, street, city, state, zip code) 72 Old Route 23 Cairo, NY 12413		Telephone (Area code first) (518) 622-2097

(Continued on back/page 2)

Check appropriate court: Superior Court Family Support Magistrate Division

I certify that the information on page 1 is true and accurate to the best of my knowledge and that I can, if asked, document all income, expenses, and liabilities listed on page 1.

Any false statement made by you under oath which you do not believe to be true and which is intended to mislead a public servant in the performance of his or her official function may be punishable by a fine and/or imprisonment.

Notice

Signed (Applicant) 	Print name of person signing at left Charles Lake	Date signed 5/10/2010
Subscribed and sworn to before me:	On (Date) 5/10/2010	Signed (Notary Public, Commissioner of the Superior Court, Assistant Clerk)

Order

The Court, having found the applicant Indigent and unable to pay Not indigent hereby orders the application:

- Granted as follows:
1. The following fees are waived Entry fee Filing fee Other (Specify): _____
 2. The following fees are ordered paid by the State State Marshal's fee not to exceed \$ _____ Other (Specify): _____

MARY J. CAPOZZOLI
Notary Public, State of New York
No. 01CA6199981
Qualified in Greene County
Commission Expires January 26, 2013

3. Counsel is Not appointed Appointed (Name): There is no prospect that this court would dismiss, open, or modify a divorce judgment from May 9, 1986 for any reason concerning issues of custody.
- Denied because the applicant does not face potential incarceration.
 Denied. By its own terms, the judgment entered custody orders. The children are now in their 30's.

By the Court (Print or type name of Judge/FSM, Sup. Magistrate) Winslow, J.	On (Date)	Signed (Judge, FSM, Assistant Clerk) 	Date signed 5/11/10 <i>tlw</i>
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Request For Hearing On Denied Application

The following section applies only to a denial of the application for waiver of fees payable to the court or for the costs of service of process. It does not apply to parenting education or to appointment of counsel.

I request a court hearing on the application.

Signed (Applicant)	Date signed
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Hearing to be held at the Court location shown on page 1 on the date and time shown below:			
Hearing on (Date)	At (Time)	Room number	Signed (Assistant Clerk)

Order After Hearing

The Court, having found the applicant Indigent and unable to pay Not indigent hereby orders the application:

- Granted as follows:
1. The following fees are waived Entry fee Filing fee Other (Specify): _____
 2. The following fees are ordered paid by the State State Marshal's fee not to exceed \$ _____ Other (Specify): _____

<input type="checkbox"/> Denied.	By the Court (Print or type name of Judge/FSM)	On (Date)	Signed (Judge, FSM, Assistant Clerk)	Date signed
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certify that the information on page 1 is true and accurate to the best of my knowledge and that I can, if asked, document all income, expenses, and liabilities listed on page 1.

Notice ▶

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Signed (Applicant) ▶	Print name of person signing at left Charles Lake	Date signed 5/10/2010
Subscribed and sworn to before me:	On (Date) 5/10/2010	Signed (Notary Public, Commissioner of the Superior Court, Assistant Clerk)

Order

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Granted as follows:

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2. The following fees are ordered paid by the State State Marshal's fee not to exceed \$ Other (Specify:)

3. Counsel is Not appointed Appointed (Name):

Denied because the applicant does not face potential incarceration.
 Denied. *For the same reasons stated in the previous application.*

MARY J. CAPOZZOLI
 Notary Public, State of New York
 No. 01CA6199981
 Qualified in Greene County
 Commission Expires January 26, 2012

By the Court (Print or type name of Judge/Fam. Sup. Magistrate) <i>Winslow, J.</i>	On (Date)	Signed (Judge, FSM, Assistant Clerk) <i>Tom Winslow</i>	Date signed 7/30/10
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Denied.

By the Court (Print or type name of Judge/FSM)	On (Date)	Signed (Judge, FSM, Assistant Clerk)	Date signed
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