MOTION FOR MODIFICATION

STATE OF CONNECTICUT SUPERIOR COURT www.jud.ct.gov JD-FM-174 Rev. 8-09 C.G.S. § 46b-86, P.B. §§ 25-26, 25-30, 25-57, 25-65

COURT USE ONLY MFMOD

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.)

Indialal District 9 C A 3	At (Town)		Docket Number 10027363
Judicial District & G.A. 3 Plaintiff's Name (Last, first, middle initial)	Danbury	Plaintiff's Address (Number	, street, city, state, zip code)
Layden, Cynthia Deceased		N/A	, onest, only, chance, are control
Defendant's Name (Last, first, middle initial)			ber, street, city, state, zip code)
Lake, Charles		72 Old Route 23 Cairo, NY 12413	
ype of Motion to Modify		Secretary and the secretary an	
X Child Support ☐ Alimony ☐ Custo	ody Visitation	Other (Specify):	
Charles Lake , am th	ne Plaintiff	☑ Defendant. I re	espectfully represent that:
(Name)			
 This Court issued an order dated 	dire	ecting	me) , residing at
			_ to:
(Number, st (Complete the boxes that apply to your motion)	treet, city, state, zip code)		
Pay Child Support in the Amount of:	Pay Alimony in the	e Amount of:	Have Custody of the Child/Children:
Per		Per	(Check one) Joint Sole
Have Visitation or Parenting Time as Follows: (Atta	ach a copy of the visitation s	schedule if available)	Primary Residence with:
Other:			
(Check appropriate box(es) and exp	plain briefly why you	ı are seeking a modific	ation)
☐ Since the date of the order, the	circumstances cor	ncerning this case have	changed substantially as follows:
The final order for shild aumner	t is substantially diff	forant from the Child Co	upport Cuidolinos as follows:
The final order for child support	t is substantially diff	ierent nom the Child Si	apport Guidelines as follows.
ask the Court to modify the c	urrent order as	follows: (Check all	that apply)
Child Support (You must file a Fil	nancial Affidavit (JD-FM-	-6) at least 5 days before the	that apply) hearing. You must also file an Affidavit Concerning nes worksheet (CCSG-1), and an Advisement of
Child Support (You must file a Fit Children (JD-FM-1	nancial Affidavit (JD-FM-	-6) at least 5 days before the upport and arrearage guidelin	hearing. You must also file an Affidavit Concerning
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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 Notice 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. Signed (Applicant) Print name of person signing at left **Charles Lake** Subscribed and sworn Signed (Notary Patr 12010 to before me: Order ☐ Indigent and unable to pay The Court, having found the applicant ☐ Not indigent hereby orders the application: MARY J. CAPOZZOLI ☐ Granted as follows: Notary Public, State of New York The following fees are waived Entry fee ☐ Filing fee No. 01CA6199981 Qualified in Greene County ☐ Other (Specify:) Commission Expires January 26, 2013 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. By its own terms, the judgment entered cust On (Date) Signed (Judge, FSM, Winslow, J. 5/11/10 ☐ I request a court hearing on the application. Signed (Applicant) Date signed Hearing to be held at the Court location shown on page 1 on the date and time shown below: At (Time) Room number ☐ Indigent and unable to pay ☐ Not indigent hereby orders

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. Hearing on (Date) **Order After Hearing** The Court, having found the applicant 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:) Denied. By the Court (Print or type name of Judge/FSM) On (Date) Signed (Judge, FSM, Assistant Clerk) Date signed JD-FM-75 (back) Rev. 12-09 Page 2 of 2

all income, expenses, and liabilities listed on page 1. Any false statement made by you under oath which you do not believe to be Notice > 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. Signed (Applicant) Print name of person signing at left Date signed **Charles Lake** Signed (Notary Public, Commissioner of the Superior Court, Assistant Clerk, Subscribed and sworn 5/10/2010 to before me: Order The Court, having found the applicant ☐ Indigent and unable to pay Not indigent hereby orders the application: MARY J. CAPOZZOLI Notary Public, State of New York No. 01CA6199981 ☐ Granted as follows: Qualified in Greene County 1. The following fees are waived

Entry fee ☐ Filing fee Commission Expires January 26, 20 18 ☐ Other (Specify:) 2. The following fees are ordered paid by the State ☐ State Marshal's fee not to exceed ☐ Other (Specify:) ■ Not appointed Counsel is ☐ Appointed (Name): Denied because the applicant does not face potential incarceration Denied. for the same reasons By the Court (Print or type name of Judge/Fam. Sup. Magistrate) Date signed Winslow, J. 30/10 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 Hearing to be held at the Court location shown on page 1 on the date and time shown below: Hearing on (Date) At (Time) 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:)

certify that the information on page 1 is true and accurate to the best of my knowledge and that I can, if asked, document

Page 2 of 2

Signed (Judge, FSM, Assistant Clerk)

Date signed

On (Date)

Denied

JD-FM-75 (back) Rev. 12-09

By the Court (Print or type name of Judge/FSM)