

APPLICATION FOR CONTEMPT ORDER, INCOME WITHHOLDING, AND/OR OTHER RELIEF

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

141638*1

Court Use Only

CITWFRD

JD-FM-15 Rev. 11-12
C.G.S. §§ 46b-215, 46b-220, 46b-231, 52-352



Instructions

To Support Enforcement Officer

1. Complete "Application" and "Order and Summons."
2. Forward to proper officer for service.
3. Keep a copy for your files.
4. Return original to clerk after service.

To Clerk

1. Check all information for accuracy.
 2. Sign the "Order" and "Summons"
 3. Return original to preparer.
- To Proper Officer
See instructions on back/page 2

The Judicial Branch of the State of Connecticut complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation in accordance with the ADA, contact a court clerk or an ADA contact person listed at www.jud.ct.gov/ADA.

Application

This Application is against: (Give name and address of respondent) Charles Lake 72 OLD ROUTE 23, CAIRO, NY

"X" all that apply
and is for: A Contempt Order An Income Withholding A Plan to pay past-due support An Order to participate in work activities

Name of case (Plaintiff vs. Defendant) Edna Lake vs. Charles Lake Docket number 287428

Judicial District DANBURY Address of Court (Number, street, and town) 146 WHITE STREET, DANBURY, CT 06810

Name of applicant (Support Enforcement Officer making application) Michelle M Lockwood Address of applicant (Number, street, and town) SES, 71 MAIN STREET, DANBURY, CT 06810-7802

Date of judgment or agreement: <u>06/30/87</u>	Amount of Order: <u>\$ 12.50 P/WK</u>	Total balance owed: <u>\$ 17,100.82</u>	Delinquency (Amount overdue): <u>\$ 17,100.82</u>	As of (Date): <u>06/11/14</u>
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Health insurance ordered: Not made available Not maintained
Contributions not made: Child care Unreimbursed medical expenses

I certify that the information given above is true to the best of my knowledge and belief.

Signed: [Signature] Title (if applicable): Michelle Lockwood Date signed: 6/11/14

Name of person signing: Michelle M Lockwood Address (Number, street, and town): 71 MAIN STREET, DANBURY, CT 06810-7802 Telephone number: (203) 731-2940

The respondent named above is ordered to come to the Superior Court/Family Support Magistrate Division at:

Address of Superior Court/Family Support Magistrate Division <u>71 MAIN STREET, DANBURY, CT 06810</u>	On (Day of week) <u>WEDNESDAY</u>	Date (Month, day, year) <u>7/23/14</u>	Time (A.M./P.M.) <u>9:00AM</u>
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to: "X" all that apply

Order And Summons

1. Give the reason or reasons why he or she should not be found to be in contempt of court for:
 - not paying support,
 - not paying child care,
 - not paying unreimbursed medical expense contributions,
 - not providing or maintaining health insurance as ordered by the Court or by the Family Support Magistrate.
2. Give the reason or reasons why:
 - an income withholding should not be ordered against the respondent,
 - a license suspension should not be ordered against the respondent,
 - an order for a plan to pay any past-due support should not be ordered against the respondent,
 - an order to participate in work activities should not be ordered against the respondent.

To: Any Proper Officer

By Authority of the State of Connecticut, you are commanded to serve and make return of service of this application and order on the respondent named above according to law at least 12 days, inclusive, before the court appearance "Date" indicated below.

By the Court/Family Support Magistrate Division: J. F.S.M. Signed (Assistant Clerk, Support Enforcement Officer): [Signature] Date signed: 6/11/14

Notice To Respondent (To be completed by proper officer)

1. You have been ordered to be in court at:

Address of Superior Court/Family Support Magistrate Division <u>71 MAIN STREET, DANBURY, CT 06810</u>	On (Day of week) <u>WEDNESDAY</u>	Date (Month, day, year) <u>7/23/14</u>	Time (A.M./P.M.) <u>9:00AM</u>
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2. If you do not come to court on the court date and time shown above, a **capias** may be issued (ordered) for your arrest and an **income withholding** may be ordered against your income.

3. The Superior Court and any Family Support Magistrate may order that the professional, occupational, recreational, commercial driver's and/or motor vehicle operator's license of a delinquent child support obligor be suspended and may order a plan for payment of any past-due support and/or participation in work activities. A "delinquent child support obligor" is (A) an obligor who owes overdue support, that has added up after the entry of a court order, in an amount which is more than 90 days of periodic payments on a current support or arrearage payment order; (B) an obligor who has not made court ordered medical or dental insurance coverage available within 90 days of the court order or who does not keep insurance coverage ordered by the court for a period of 90 days; or (C) an obligor who does not, after receiving appropriate notice, comply with subpoenas or warrants relating to paternity or child support proceedings.

Order (For use by Court/Family Support Magistrate Division only)

This application has been heard and it is found that the Respondent is in arrears as of (date) _____ in the amount of \$ _____. It is ordered:

By the Court/Family Support Magistrate Division	<input type="checkbox"/> J.	Signed (Assistant Clerk)	Date of Order
	<input type="checkbox"/> F.S.M.		

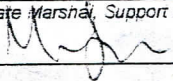
Instructions To Proper Officer

1. If applicable, fill in information required in the "Order and Summons" section and the "Notice to Respondent" section on front before making service.
2. Serve the copy on the respondent.
3. Complete the "Return of Service" section below and return.

Return of Service

Then and there by virtue of the original application, and by order of the Court or Family Support Magistrate Division, I served the Respondent with a true and attested copy of the original application, order and summons by (specify method of service) IN HAND

The within and foregoing is the original application, order and summons with my doings thereon endorsed.

Signed (State Marshal, Support Enforcement Off., Proper Officer)	Print name and title of signer	Date served
	Michelle Lockwood	6/11/14

COPY	_____
ENDORSEMENT	_____
SERVICE	_____
TRAVEL	_____
TOTAL	_____

A TRUE AND ATTESTED COPY, ATTEST: _____
(State Marshal or proper officer)

APPLICATION FOR CONTEMPT ORDER, INCOME WITHHOLDING, AND/OR OTHER RELIEF

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

124116*1

Court Use Only

CITWFRD

JD-FM-15 Rev. 11-12
C.G.S. §§ 46b-215, 46b-220, 46b-231, 52-362



Instructions

- To Support Enforcement Officer**
1. Complete "Application" and "Order and Summons."
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 4. Return original to clerk after service.

- To Clerk**
1. Check all information for accuracy.
 2. Sign the "Order" and "Summons"
 3. Return original to preparer.
- To Proper Officer**
See instructions on back/page 2.

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This Application is against: *(Give name and address of respondent)* Charles Lake 72 OLD ROUTE 23, CAIRO, NY

and is for: **A Contempt Order** **An Income Withholding** **A Plan to pay past-due support** **An Order to participate in work activities**

Name of case *(Plaintiff vs. Defendant)* Cynthia Layden vs. Charles Lake Docket number FA3-363

Judicial District DANBURY Address of Court *(Number, street, and town)* 146 WHITE STREET, DANBURY, CT 06810

Name of applicant *(Support Enforcement Officer making application)* Michelle M Lockwood Address of applicant *(Number, street, and town)* SES, 71 MAIN STREET, DANBURY, CT 06810-7802

Date of judgment or agreement: <u>06/30/87</u>	Amount of Order: <u>\$ 10 P/WK</u>	Total balance owed: <u>\$ 4166.81</u>	Delinquency <i>(Amount overdue)</i> : <u>\$ 4166.81</u>	As of <i>(Date)</i> : <u>06/11/14</u>
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Health insurance ordered: Not made available Not maintained
Contributions not made: Child care Unreimbursed medical expenses

I certify that the information given above is true to the best of my knowledge and belief.

Signed: Michelle M Lockwood Title *(If applicable)*: Support Enforcement Date signed: 6/11/14

Name of person signing: Michelle M Lockwood Address *(Number, street, and town)*: 71 MAIN STREET, DANBURY, CT 06810-7802 Telephone number: (203) 731-2940

The respondent named above is ordered to come to the Superior Court/Family Support Magistrate Division at:

Address of Superior Court/Family Support Magistrate Division: <u>71 MAIN STREET, DANBURY, CT 06810</u>	On <i>(Day of week)</i> : <u>WEDNESDAY</u>	Date <i>(Month, day, year)</i> : <u>7/23/14</u>	Time <i>(A.M./P.M.)</i> : <u>9:00AM</u>
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- to: "x" all that apply
1. Give the reason or reasons why he or she should not be found to be in contempt of court for:
 - not paying support,
 - not paying child care,
 - not paying unreimbursed medical expense contributions,
 - not providing or maintaining health insurance as ordered by the Court or by the Family Support Magistrate.
 2. Give the reason or reasons why:
 - an income withholding should not be ordered against the respondent,
 - a license suspension should not be ordered against the respondent,
 - an order for a plan to pay any past-due support should not be ordered against the respondent,
 - an order to participate in work activities should not be ordered against the respondent.

To: Any Proper Officer
By Authority of the State of Connecticut, you are commanded to serve and make return of service of this application and order on the respondent named above according to law at least 12 days, inclusive, before the court appearance "Date" indicated below.

By the Court/Family Support Magistrate Division: J. F.S.M. Signed *(Assistant Clerk, Support Enforcement Officer)*: Linda [Signature] Date signed: 6/11/14

Notice To Respondent (To be completed by proper officer)

1. You have been ordered to be in court at:

Address of Superior Court/Family Support Magistrate Division: <u>71 MAIN STREET, DANBURY, CT 06810</u>	On <i>(Day of week)</i> : <u>WEDNESDAY</u>	Date <i>(Month, day, year)</i> : <u>7/23/14</u>	Time <i>(A.M./P.M.)</i> : <u>9:00AM</u>
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2. If you do not come to court on the court date and time shown above, a capias may be issued (ordered) for your arrest and an income withholding may be ordered against your income.
3. The Superior Court and any Family Support Magistrate may order that the professional, occupational, recreational, commercial driver's and/or motor vehicle operator's license of a delinquent child support obligor be suspended and may order a plan for payment of any past-due support and/or participation in work activities. A "delinquent child support obligor" is (A) an obligor who owes overdue support, that has added up after the entry of a court order, in an amount which is more than 90 days of periodic payments on a current support or arrearage payment order; (B) an obligor who has not made court ordered medical or dental insurance coverage available within 90 days of the court order or who does not keep insurance coverage ordered by the court for a period of 90 days; or (C) an obligor who does not, after receiving appropriate notice, comply with subpoenas or warrants relating to paternity or child support proceedings.

Order (For use by Court/Family Support Magistrate Division only)

This application has been heard and it is found that the Respondent is in arrears as of (date) _____ in the amount of \$ _____. It is ordered:

By the Court/Family Support Magistrate Division J. _____ Signed (Assistant Clerk) _____ Date of Order _____
 P.S.M. _____

Instructions To Proper Officer

1. If applicable, fill in information required in the "Order and Summons" section and the "Notice to Respondent" section on front before making service.
2. Serve the copy on the respondent.
3. Complete the "Return of Service" section below and return.

Return of Service

Then and there by virtue of the original application, and by order of the Court or Family Support Magistrate Division, I served the Respondent with a true and attested copy of the original application, order and summons by (specify method of service) IN HAND

The within and foregoing is the original application, order and summons with my doings thereon endorsed.

Signed (State Marshal, Support Enforcement Off., Proper Officer) [Signature] Print name and title of signer Michelle Lockwood Date served 6/11/14

COPY _____
ENDORSEMENT _____
SERVICE _____
TRAVEL _____
TOTAL _____

A TRUE AND ATTESTED COPY, ATTEST: _____ (State Marshal or proper officer)