LEGAL SEPARATION COMPLAINT

Complaint: Complete this form. Attach a completed Summons (JD-FM-3), Notice of

JD-FM-237 Rev. 1-20 C.G.S. §§ 46b-40, 46b-56c, 46b-84, P.A. 18-14; P.B. § 25-2, et seq.

STATE OF CONNECTICUT **SUPERIOR COURT**

www.jud.ct.gov

CROSS COMPLAINT CODE ONLY **CRSCMP**

ADA NOTICE
The Judicial Branch of the State of Connecticut complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation in accordance

	Automa Amended Compla Cross Complaint		ers (JD-FM-158), and a blank <i>Appea</i>	arance	(JD-CL-12) form.	reasona with the	able accommodation in accordance ADA, contact a court clerk or an ADA person listed at www.jud.ct.gov/ADA.	
Judi	cial District of		At (Town)		Return date (Month, o	day, year)	Docket number	
Plair	ntiff's name (Last, First, Mic	idle Initial)		Defe	 ndant's name <i>(Last, Firs</i>	st, Middle Ini	 itial)	
Plaintiff's birth name (If different from above)					2. Defendant's birth name (If different from above)			
3. a. Date of marriage 3. b. Date of civil union that merged into marriage by subsequent ceremony or by operation of law				Town and State, or Country where marriage took place				
6. /	The (Select one) then returned to Co The marriage broke A legal separation is This marriage has Other (must be rea lect and complete a No children were There are no chi The following ch born to one of th	plaintithis legal se plaintithis legal se plaint plaint princeticut, e down after se being south broken down ason(s) lister all that apply e born to eit ildren are e e parties or	eparation complaint or before iff	e the I in Co in C	egal separation verification of the date of this repair of the date of this repair of the date of the	vill becor ime of th move Statutes, narriage.	e marriage, moved away, and d to Connecticut.	
			me of child (First, Middle Initial, Last				Date of birth (Month, day, year)	
10.	plaintiff	defenda ren who ha	re born on or after the date on and are not children on the not yet reached the age of the of child (First, Middle Initial, Last	f the c	•			

11.	11. If there is a court order regarding custody or support for any child listed on page 1, name the child(ren) below and specify the person or agency awarded custody or ordered to pay support:									
	Child's name	Name of person or agency awarded custody	Name of person ord	ered to pay support						
	Child's name	Name of person or agency awarded custody	Name of person ord	Name of person ordered to pay support						
	Child's name	Name of person or agency awarded custody	Name of person ord	ered to pay support						
12.	The (Select all that apply) plaintiff State of Connecticut: financial support (Select one) HUSKY Health Insurance (Select one)	ecticut:								
	filed with this Complaint to the Assistant Certification of Notice (JD-FM-175) with	ust send a copy of the Summons, Complaint, Notice of Automatic Court Orders and any other documents. Complaint to the Assistant Attorney General, 165 Capitol Avenue, Hartford, CT 06106, and file the f Notice (<i>JD-FM-175</i>) with the court clerk.								
13.	13. The <i>(Select all that apply)</i> plaintiff defendant is pregnant with a child due to be born on									
14.	The other parent of this unborn child is the									
The	Court is asked to order: (Select all that	at apply)								
	A legal separation.		al Decision-making	Responsibility:						
	A fair division of property and debts.	Sole custody.	adv.							
\Box	Alimony.	☐ Joint legal custo☐ A parenting res		includes a plan for the						
	Child Support.		n-making regarding t	•						
An order regarding the post-majority educational support of the child(ren). Regarding Physical Custody: Primary residence with:										
			ponsibility plan which sical care of the mind	includes a plan for the or child(ren).						
And	anything else the Court deems fair.									
Signa	ture	Print name of person signing		Date signed						
Addre	ss		Juris number (If applicable)	Telephone (Area code first)						
	this is an Amended Complaint or a Cro appearance and you must complete t		deliver a copy to ar	nyone who has filed						
Cer	tification									
	tify that a copy of this document was mailed o			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 receiving electronic delivery.										
Name	and address of each party and attorney that copy was ma	ailed or delivered to*								
* f ne	cessary, attach additional sheet or sheets with nan	ne and address which the copy was mailed	or delivered to							
	d (Signature of filer)	Print or type name of person signing		Date signed						
•				-						
Mailin	g address (Number, street, town, state and zip code)			Telephone number						