

AFFIDAVIT CONCERNING CHILDREN

JD-FM-164 Rev. 2-15
C.G.S. § 46b-115s
P.B. § 25-57

STATE OF CONNECTICUT
**SUPERIOR COURT
COURT OF PROBATE**

www.jud.ct.gov

Instructions

Fill out this form completely. You must swear that your statements are true and sign this form in front of a court clerk, a notary public, or an attorney who will also sign and date the affidavit.

| |
|------------------|
| Court Use Only |
| AFFACUS |
| *AFFACUS* |

| | | | |
|---|-----------------|--|---------------------|
| Judicial District of _____ | At (Town) _____ | Probate District name and number _____ | Docket number _____ |
| Plaintiff/Applicant's (Last, first, middle initial) _____ | | Defendant/Respondent's (Last, first, middle initial) _____ | |

You must provide information about the past five years for each child affected by this case. Provide the information below. If you need more space, use form JD-FM-164A.

| Child's name (First, middle, last) _____ | | | Date of birth (Month, day, year) _____ |
|--|--|---|--|
| Date(s) of residence | Place of residence (Town or city, and state, unless confidential by court order) | Name(s) and present address(es) of person(s) child lived with (unless confidential) | Relationship to child |
| From _____ To The present (date) | | | |
| From _____ To _____ (date) (date) | | | |
| From _____ To _____ (date) (date) | | | |
| From _____ To _____ (date) (date) | | | |
| From _____ To _____ (date) (date) | | | |

| Child's name (First, middle, last) _____ | | Date of birth (Month, day, year) _____ | <input type="checkbox"/> Residence information is same as for child above. (If not same, provide information) |
|--|--|---|---|
| Date(s) of residence | Place of residence (Town or city, and state, unless confidential by court order) | Name(s) and present address(es) of person(s) child lived with (unless confidential) | Relationship to child |
| From _____ To The present (date) | | | |
| From _____ To _____ (date) (date) | | | |
| From _____ To _____ (date) (date) | | | |
| From _____ To _____ (date) (date) | | | |
| From _____ To _____ (date) (date) | | | |

Check here if additional children are listed on JD-FM-164A.

1. (Check one) I have I have not been involved as a party or a witness or in any other capacity in a case or cases in Connecticut or in another state concerning custody of or visitation with any child listed in this affidavit. If you checked "I have," give the name of the court, the court case number and the date of the decision in the case or cases:

(Check item 2 or 3 below)

2. I do not know of other civil or criminal cases in Connecticut or another state, now or in the past, that could affect the current case, including enforcement cases and family violence, protective order, termination of parental rights and adoption cases.
3. I know of the following civil or criminal cases, in Connecticut or another state, now or in the past, that could affect the current case, including enforcement cases and family violence, protective order, termination of parental rights and adoption cases.

| | | |
|-----------|---------------|----------------------------------|
| Case name | Docket number | Court location (Including state) |
|-----------|---------------|----------------------------------|

Nature of proceeding

| | | |
|-----------|---------------|----------------------------------|
| Case name | Docket number | Court location (Including state) |
|-----------|---------------|----------------------------------|

Nature of proceeding

4. (Check one) No one except the plaintiff/applicant and defendant/respondent has physical custody or claims to have custody or visitation rights regarding any child listed here.
- The following person(s) has physical custody or claims to have custody or visitation rights regarding any child listed here:

Name: _____

Address: _____
(unless confidential)

5. The mother of the child(ren) named in the Complaint or Application is pregnant.

- Yes No Do not know

6. A child has been born to the mother named in the Complaint or Application after the filing of the Complaint or Application.

- Yes No Do not know If yes, fill in the following:

| | |
|--------------|----------------------------------|
| Child's name | Date of birth (Month, day, year) |
|--------------|----------------------------------|

| | |
|-----------|------------------------------|
| Signature | Print name of person signing |
|-----------|------------------------------|

| | |
|---|-------------|
| Sworn to before me (Assistant Clerk/Commissioner of Superior Court/Notary Public) | Date signed |
|---|-------------|

You must tell the court about any case in Connecticut or another state that could affect this case, if you learn about it during this case.

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 with the ADA, contact a court clerk or an ADA contact person listed at www.jud.ct.gov/ADA.