

AFFIDAVIT CONCERNING CHILDREN

JD-FM-164 Rev. 11-24
C.G.S. § 46b-115s; P.A. 21-15; P.B. § 25-57; WCAG 2.1 AA

**This form is available
in other language(s).**



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, notary public, or attorney who will also sign and date the affidavit.

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

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

1. (Select 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 selected "I have," give the name of the court, the court case number and the date of the decision in the case or cases:

(Select 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, guardianship, child neglect or abuse, 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, guardianship, child neglect or abuse, termination of parental rights and adoption cases.

Type of Case	Case Name	Docket/Case Number	Court Location (Including state)
<input type="checkbox"/> Civil <input type="checkbox"/> Criminal <input type="checkbox"/> Probate <input type="checkbox"/> Child Support <input type="checkbox"/> Juvenile			
<input type="checkbox"/> Civil <input type="checkbox"/> Criminal <input type="checkbox"/> Probate <input type="checkbox"/> Child Support <input type="checkbox"/> Juvenile			
<input type="checkbox"/> Civil <input type="checkbox"/> Criminal <input type="checkbox"/> Probate <input type="checkbox"/> Child Support <input type="checkbox"/> Juvenile			

4. (Select 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 parent 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 parent 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)
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Signature	Print name of person signing
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Sworn to before me (Assistant Clerk/Commissioner of Superior Court/Notary Public)	Date signed
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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.

For information on ADA accommodations, contact the Centralized ADA Office at 860-706-5310 or go to: www.jud.ct.gov/ADA/