DIVORCE COMPLAINT (DISSOLUTION OF MARRIAGE)

JD-FM-159 Rev. 12-19
C.G.S. §§ 46b-40, 46b-45, 46b-56c, 46b-84;
P.B. § 25-2, et seq.

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

CROSS COMPLAINT CODE ONLY
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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*.

☐ **Complaint:** Complete this form. Attach a completed *Summons* (JD-FM-3), a *Notice of Automatic Court Orders* (JD-FM-158) and a blank *Appearance* (JD-CL-12).

☐ **Amended Complaint**

☐ **Cross Complaint:** Complete this form and attach to the *Answer* (JD-FM-160) unless it is already filed.

Judicial District of	At *(Town)*	Return date *(Month, day, year)*	Docket number

Plaintiff's name *(Last, First, Middle Initial)*	Defendant's name *(Last, First, Middle Initial)*
1. 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	4. Town and State, or Country where marriage took place

5. *("X" all that apply)*
☐ The *("X" one)* ☐ plaintiff ☐ defendant has lived in Connecticut for at least 12 months immediately before the filing of this divorce complaint or before the divorce will become final.
☐ The *("X" one)* ☐ plaintiff ☐ defendant lived in Connecticut at the time of the marriage, moved away, and then returned to Connecticut, planning to live here permanently.
☐ The marriage broke down after the *("X" one)* ☐ plaintiff ☐ defendant moved to Connecticut.

6. A divorce is being sought because: *("X" all that apply)*
☐ This marriage has broken down irretrievably.
☐ Other *(must be reason(s) listed in section 46b-40(c) of the Connecticut General Statutes):*

"X" and complete all that apply for items 6-13. Attach additional sheets if needed.

7. ☐ No children were born to either the plaintiff or defendant after the date of this marriage.
8. ☐ There are no children of this marriage under the age of 23.
9. ☐ The following children are either: (a) the biological and/or adoptive children of both of the parties, or (b) have been born to one of the parties on or after the date of the marriage and are claimed to be children of the marriage. *(List only children who have not yet reached the age of 23.)*

Name of child ***(First, Middle Initial, Last)***	**Date of birth** ***(Month, day, year)***

10. ☐ The following children were born on or after the date of the marriage to the *("X" all that apply)*
☐ plaintiff ☐ defendant and are not children of the other party to this marriage.
(List only children who have not yet reached the age of 23.)

Name of child ***(First, Middle Initial, Last)***	**Date of birth** ***(Month, day, year)***

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11. If there is a court order regarding custody or support for any child listed above, 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 ordered to pay support
Child's name	Name of person or agency awarded custody	Name of person ordered to pay support
Child's name	Name of person or agency awarded custody	Name of person ordered to pay support

12. The *("X" all that apply)* ☐ plaintiff ☐ defendant or any of the child(ren) listed above have received from the State of Connecticut:
☐ financial support *("X" one)* ☐ Yes ☐ No ☐ Do not know
☐ HUSKY Health Insurance *("X" one)* ☐ Yes ☐ No ☐ Do not know

If yes, **you must** send a copy of the Summons, Complaint, Notice of Automatic Court Orders and any other documents filed with this Complaint to the Assistant Attorney General, 165 Capitol Avenue, Hartford, CT 06106, and file the Certification of Notice *(JD-FM-175)* with the court clerk.

13. ☐ The *("X" all that apply)* ☐ plaintiff ☐ defendant is pregnant with a child due to be born on _____. (date)
The other parent of this unborn child is the ☐ plaintiff or ☐ defendant ☐ unknown ☐ not the plaintiff ☐ not the defendant.

14. The *("X" all that apply)* ☐ plaintiff ☐ defendant or any of the child(ren) listed above has received financial support from a city or town in Connecticut. *("X" one)* ☐ Yes *(City or town*: _____*)*
☐ No ☐ Do not know. If yes, send a copy of the Summons, Complaint, Notice of Automatic Court Orders and any other documents filed with this Complaint to the City Clerk of the town providing assistance and file the Certification of Notice *(JD-FM-175)* with the court clerk.

The Court is asked to order: *("X" all that apply)*

☐ A divorce (dissolution of marriage).
☐ A fair division of property and debts.
☐ Alimony.
☐ Child Support.
☐ An order regarding the post-majority educational support of the child(ren).
☐ Name change to:
_____

Regarding Parental Decision-making Responsibility:
☐ Sole custody.
☐ Joint legal custody.
☐ A parenting responsibility plan which includes a plan for the parental decision-making regarding the minor child(ren).
AND
Regarding Physical Custody:
☐ Primary residence with: _____
☐ Visitation.
☐ A parenting responsibility plan which includes a plan for the schedule of physical care of the minor child(ren).

And anything else the Court deems fair.

Signature	Print name of person signing	Date signed
Address	Juris number *(If applicable)*	Telephone *(Area code first)*

If this is an Amended Complaint or a Cross Complaint, you must mail or deliver a copy to anyone who has filed an appearance and you must complete the certification below.

Certification

I certify that a copy of this document was or will immediately be mailed or delivered electronically or non-electronically on (date)_____ 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 of record who received or will immediately be receiving electronic delivery.

Name and address of each party and attorney that copy was or will be mailed or delivered to*

*If necessary, attach additional sheet or sheets with name and address which the copy was or will be mailed or delivered to.

Signed *(Signature of filer)* ▶	Print or type name of person signing	Date signed
Mailing address *(Number, street, town, state and zip code)*		Telephone number

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