MOTION FOR ORDERS BEFORE JUDGMENT (Pendente Lite) IN FAMILY CASES
JD-FM-176 Rev. 2-20
C.G.S. § 46b-56; P.B. §§ 25-24, 25-25

Instructions to person filling out this form:
1. *Fill out this form and keep a copy for your records.*
2. *Mail or deliver a copy to all attorneys and self-represented parties of record in this case.*
3. *File the form with the court clerk's office.*

COURT USE ONLY	
MFORPLC	*Child custody box below **is** checked*
MFORPL	*Child custody box below **is not** checked*

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

For information on ADA accommodations, contact a court clerk or go to: *www.jud.ct.gov/ADA.*

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)*
Plaintiff's address *(Number, street, town, state, zip code)*	Defendant's address *(Number, street, town, state, zip code)*

The ☐ Plaintiff ☐ Defendant requests court orders concerning: *(Select all that apply)*
- ☐ child custody
- ☐ child support
- ☐ child visitation *(parenting time)*
- ☐ alimony
- ☐ exclusive use of the family home *(Complete 1–5 below)*
  1. Nature of the property:
  2. It is: ☐ rented by ☐ owned by: ☐ Plaintiff ☐ Defendant ☐ Both parties ☐ Neither party
  3. How long has each party been a tenant or owned this property?
     Plaintiff _____ years _____ months ☐ Not applicable
     Defendant _____ years _____ months ☐ Not applicable
  4. What family members currently live there? *(List all)*
  5. On what grounds do you claim exclusive possession of this property? *(state grounds)*
- ☐ appointment of an attorney for my child(ren) under 18
- ☐ medical insurance/expenses
- ☐ other: *(specify)*

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

Order *(To be completed by the Court)*

The above motion having been heard, it is ordered that:

By the Court	Signed *(Judge/Assistant Clerk)*	Print name	Date signed

Print Form Reset Form