

**DISSOLUTION OF MARRIAGE
REPORT**

JD-FM-181 Rev. 11-09
P.B. § 25-58

Instructions

1. To be completed by the Attorney for the Plaintiff or, if a Self-Represented Person, by the Plaintiff.
2. Clerk to complete section 2.

STATE OF CONNECTICUT
SUPERIOR COURT

www.jud.ct.gov

PART 1 (To be completed by the Attorney for the Plaintiff or if a Self-Represented Person, by the Plaintiff)

Plaintiff

Name (First, middle, last)		
Usual Residence (Number and street)		City or Town
State	Zip code	Birthplace (State or Foreign Country)
Attorney For Plaintiff (If Applicable) (Name)		Attorney's Address (If Applicable) (Number street, city, state, zip code)

Defendant

Name (First, middle, last)		
Usual Residence (Number and street)		City or town
State	Zip code	Birthplace (State or Foreign Country)

Marital History

Place of This Marriage (City)		State	Zip code
Date of Marriage (Month, Day, Year)	Date of civil union that merged into marriage by subsequent ceremony or by operation of law (Month, Day, Year)	Approximate Date Couple Separated (Month, Year)	
Number of Children Born Alive of This Marriage	Number of Children Still Living	Number of Children Under 18 Years of Age	Number of Children Under 23 Years of Age
CSSD Family Services Evaluation <input type="checkbox"/> Yes <input type="checkbox"/> No	CSSD Family Services Mediation <input type="checkbox"/> Yes <input type="checkbox"/> No	Conflict Resolution Conference <input type="checkbox"/> Yes <input type="checkbox"/> No	Issue Focused Evaluation <input type="checkbox"/> Yes <input type="checkbox"/> No
Public Assistance Recipient — Cash Recipient <input type="checkbox"/> Yes <input type="checkbox"/> No	Public Assistance Recipient — HUSKY Recipient (Medical) <input type="checkbox"/> Yes <input type="checkbox"/> No	Attorney For minor Child(ren) <input type="checkbox"/> Yes <input type="checkbox"/> No	Guardian Ad Litem For Minor Child(ren) <input type="checkbox"/> Yes <input type="checkbox"/> No

*Information For Statistical Purposes Only:
(To be completed by the Attorney for the Plaintiff or, if a Self-Represented Person, by the Plaintiff)*

Number of This Marriage (First, Second, etc. specify)	If Previously Married, How Many Ended By		Education - Specify Highest Grade Completed		
	Death	Divorce or Annulment	Elementary (0, 1, 2, 3, thru 8)	High School (1, 2, 3, or 4)	College (1, 2, 3, 4 or 5+)
For Plaintiff	For Plaintiff	For Plaintiff	Plaintiff	Plaintiff	Plaintiff
For Defendant	For Defendant	For Defendant	Defendant	Defendant	Defendant

PART 2 (To be completed by the Clerk of Superior Court)

Decree

Date of Decree (Month, Day, Year)	Type of Decree <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment	Date Writ Returnable (Month, Year)
Docket Number FA	Legal Grounds for Dissolution (Specify)	
Case Contested <input type="checkbox"/> Yes <input type="checkbox"/> No	Custody of Minor Children To <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Joint <input type="checkbox"/> Not Applicable	
Decree Granted To <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	Title of Official	Signed (Clerk or Assistant Clerk)