MOTION TO OPEN JUDGMENT
(FAMILY MATTERS)
JD-FM-206 Rev. 1-26
C.G.S. §§ 46b-483, 46b-570, 52-212, 52-212a, 52-259c;
P.A. 21-15; P.B. §§ 17-4, 17-43, 25-38, 25a-17

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

***NOTICE**:*
The appropriate fee must be paid with this motion. If this motion is used to challenge an Acknowledgment of Parentage for which there is no court file, a certified copy of the Acknowledgment must be attached to this motion.

COURT USE ONLY		
GW	**OPENPAT**	**OPENSUP**
Motion to Open Judgment	***Motion to Open Parentage Judgment***	***Motion to Open Support Judgment***

Name of case *(Plaintiff v. Defendant)*	Docket number

Judicial District of	At *(Town)*

Plaintiff's name (Last, first, middle initial)	Defendant's name *(Last, first, middle initial)*

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

Motion to Open Judgment

The person signing below requests that the judgment in this case dated _____ be opened for the following reason(s):

Therefore it is requested that the judgment be opened.
If you are requesting that a judgment of parentage be opened and you were ordered to pay support for the child or children in that matter, give the docket number of the support case here _____ , if different than the docket number above.

Note: If this is a motion to open a judgment upon default or nonsuit, the motion must be verified by the oath of the complainant or the complainant's attorney.

Signed *(Plaintiff/Defendant or Attorney)*	Date signed

Subscribed and sworn to before me	on *(Date) (If applicable - see note above)*	Signed *(Assistant Clerk, Notary Public, Comm. of Superior Court) (If applicable - see note above)*

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 counsel and self-represented parties of record and that written consent for electronic delivery was received from all counsel exempt from e-filing 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

***Note:** If you or any other person or child(ren) involved in this matter are receiving, or have ever received, state public assistance or care, you must send a copy of this motion to: The Office of the Attorney General, 165 Capitol Avenue, Hartford, CT 06106.*

ADA Accommodations
ADAProgram@jud.ct.gov
https://www.jud.ct.gov/ADA

Interpreters
Free language services available
https://www.jud.ct.gov/LEP

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Serviços de assistência linguística gratuitos estão à disposição

 WCAG 2.1 AA

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☐ **Superior Court** ☐ **Family Support Magistrate Division**

Name of case *(Plaintiff v. Defendant)*	Docket number

Order for Hearing and Notice/Order to Attend Hearing *(To be completed by clerk, if applicable)*

The Court orders that a hearing be held at the time and place shown below. The Court also orders the ☐ plaintiff ☐ defendant to give notice to the opposing party of this Motion and any attachments and of the time and place where the court will hear it, by having a true and attested copy of the Motion and this Order served on the opposing party by any proper officer at least **12 days** before the date of the hearing, which shall not be held more than 30 days from the filing of this motion if it seeks to open a judgment of parentage by acknowledgment under General Statutes Section 46b-483(a). Proof of service shall be made to this Court at least **6 days** before the date of hearing.

For a motion to open a Judgment of Parentage by Acknowledgment: *(Select if applicable)*

☐ The Court orders that the opposing party appear at the hearing to show cause, if there is any, why the relief requested by the party who filed this motion should not be granted.

When and Where Hearing Will Be Held ▶	Date	Superior Court, Judicial District of	
	Court address	Room number	Time

TO ANY PROPER OFFICER:
By the Authority of the State of Connecticut, you must serve a true and attested copy of the above Motion and Order for Hearing on the below named person in one of the ways required by law at least **12 days** before the date of the hearing. Proof of service shall be filed with this Court at least **6 days** before the hearing.

Person to be served	Address	
By the Court	Judge, Family Support Magistrate, Assistant Clerk	Date of order

Order

The court has heard this motion and orders it ☐ GRANTED. ☐ DENIED.

By the Court	Judge, Family Support Magistrate, Assistant Clerk	Date of order

For Court Use Only

Fee For Motion To Open: ☐ Paid ☐ Waived

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