

**MOTION FOR MODIFICATION**

JD-FM-174 Rev. 8-09  
C.G.S. § 46b-86, P.B. §§ 25-26, 25-30, 25-57, 25-65

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

COURT USE ONLY

**MFMOD**

(Check one)

- Before judgment**  **After judgment** (If the court has ordered you to attach a request for leave with a motion for modification of a final custody or visitation order, you must complete and attach a Request for Leave form (JD-FM-202) to this motion.)

Judicial District of <b>Judicial District &amp; G.A. 3</b>	At (Town) <b>Danbury</b>	Docket Number <b>10027363</b>
Plaintiff's Name (Last, first, middle initial) <b>Layden, Cynthia Deceased</b>	Plaintiff's Address (Number, street, city, state, zip code) <b>N/A</b>	
Defendant's Name (Last, first, middle initial) <b>Lake, Charles</b>	Defendant's Address (Number, street, city, state, zip code) <b>72 Old Route 23 Cairo, NY 12413</b>	

Type of Motion to Modify  
 Child Support     Alimony     Custody     Visitation     Other (Specify): \_\_\_\_\_

I **Charles Lake** (Name), am the  Plaintiff  Defendant. I respectfully represent that:

1. This Court issued an order dated \_\_\_\_\_ directing \_\_\_\_\_ (Name), residing at \_\_\_\_\_ (Number, street, city, state, zip code) to:

(Complete the boxes that apply to your motion)

Pay Child Support in the Amount of: Per _____	Pay Alimony in the Amount of: Per _____	Have Custody of the Child/Children: (Check one) <input type="checkbox"/> Joint <input type="checkbox"/> Sole
Have Visitation or Parenting Time as Follows: (Attach a copy of the visitation schedule if available)		Primary Residence with:
Other:		

2. (Check appropriate box(es) and explain briefly why you are seeking a modification)

- Since the date of the order, the circumstances concerning this case have changed substantially as follows: \_\_\_\_\_
- The final order for child support is substantially different from the Child Support Guidelines as follows: \_\_\_\_\_

**I ask the Court to modify the current order as follows: (Check all that apply)**

**Child Support** (You must file a Financial Affidavit (JD-FM-6) at least 5 days before the hearing. You must also file an Affidavit Concerning Children (JD-FM-164), a completed child support and arrearage guidelines worksheet (CCSG-1), and an Advisement of Rights Re: Income Withholding (JD-FM-71)).

- Increase     Decrease the amount of child support to be paid.     Order immediate income withholding.

**Alimony** (You must file a Financial Affidavit (JD-FM-6) at least 5 days before the hearing. You must also file an Advisement of Rights Re: Income Withholding (JD-FM-71)).

- Increase     Decrease the amount of alimony to be paid.

**Custody** (You must file a Financial Affidavit (JD-FM-6) at least five (5) days before the hearing. You must also file an Affidavit Concerning Children (JD-FM-164) and a completed child support and arrearage guidelines worksheet (CCSG-1)).

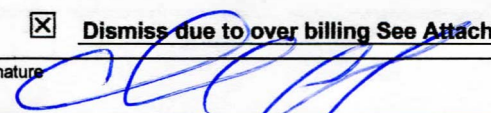
- Modify custody as follows: \_\_\_\_\_

**Visitation** (You must file a Financial Affidavit (JD-FM-6) at least five (5) days before the hearing. You must also file an Affidavit Concerning Children (JD-FM-164) and a completed child support and arrearage guidelines worksheet (CCSG-1)).

- Modify visitation (parenting time) as follows: \_\_\_\_\_

**Other** (Please be specific):

- Dismiss due to over billing See Attached**

Signature 	Print Name <b>Charles Lake</b>	Date Signed
Address (Number, street, city, state, zip code) <b>72 Old Route 23 Cairo, NY 12413</b>		Telephone (Area code first) <b>(518) 622-2097</b>

(Continued on back/page 2)

Check appropriate court:  Superior Court     Family Support Magistrate Division

I certify that the information on page 1 is true and accurate to the best of my knowledge and that I can, if asked, document all income, expenses, and liabilities listed on page 1.

**Notice** ▶

**Any false statement made by you under oath which you do not believe to be true and which is intended to mislead a public servant in the performance of his or her official function may be punishable by a fine and/or imprisonment.**

Signed (Applicant) 	Print name of person signing at left <b>Charles Lake</b>	Date signed <b>5/10/2010</b>
Subscribed and sworn to before me:	On (Date) <b>5/10/2010</b>	Signed (Notary Public, Commissioner of the Superior Court, Assistant Clerk) 

**Order**

The Court, having found the applicant  Indigent and unable to pay  Not indigent hereby orders the application:

Granted as follows:

1. The following fees are waived  Entry fee  Filing fee  
 Other (Specify): \_\_\_\_\_
2. The following fees are ordered paid by the State  
 State Marshal's fee not to exceed \$ \_\_\_\_\_  
 Other (Specify): \_\_\_\_\_
3. Counsel is  Not appointed  Appointed (Name): \_\_\_\_\_

**MARY J. CAPOZZOLI**  
Notary Public, State of New York  
No. 01CA619981  
Qualified in Greene County  
Commission Expires January 26, 2013

Denied because the applicant does not face potential incarceration.

Denied. *By its own terms, the judgment entered custody orders. The children are now in their 30's.*

*There is no prospect that this court would dismiss, open, or modify a divorce judgment from May 9, 1986 for any reason concerning issues of custody.*

By the Court (Print or type name of Judge/FSM, Sup., Magistrate) <b>Winslow, J.</b>	On (Date)	Signed (Judge, FSM, Assistant Clerk) 	Date signed <b>5/11/10</b>
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**Request For Hearing On Denied Application**

The following section applies only to a denial of the application for waiver of fees payable to the court or for the costs of service of process. It does not apply to parenting education or to appointment of counsel.

I request a court hearing on the application.

Signed (Applicant)	Date signed
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Hearing to be held at the Court location shown on page 1 on the date and time shown below:			
Hearing on (Date)	At (Time)	Room number	Signed (Assistant Clerk)

**Order After Hearing**

The Court, having found the applicant  Indigent and unable to pay  Not indigent hereby orders the application:

Granted as follows:

1. The following fees are waived  Entry fee  Filing fee  
 Other (Specify): \_\_\_\_\_
2. The following fees are ordered paid by the State  
 State Marshal's fee not to exceed \$ \_\_\_\_\_  
 Other (Specify): \_\_\_\_\_

Denied.

By the Court (Print or type name of Judge/FSM)	On (Date)	Signed (Judge, FSM, Assistant Clerk)	Date signed
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certify that the information on page 1 is true and accurate to the best of my knowledge and that I can, if asked, document all income, expenses, and liabilities listed on page 1.

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Signed (Applicant) ▶	Print name of person signing at left <b>Charles Lake</b>	Date signed 5/10/2010
Subscribed and sworn to before me:	On (Date) 5/10/2010	Signed (Notary Public, Commissioner of the Superior Court, Assistant Clerk) 

**Order**

The Court, having found the applicant  Indigent and unable to pay  Not indigent hereby orders the application:

Granted as follows:

1. The following fees are waived  Entry fee  Filing fee  Other (Specify:)

2. The following fees are ordered paid by the State  State Marshal's fee not to exceed \$  Other (Specify:)

3. Counsel is  Not appointed  Appointed (Name):

Denied because the applicant does not face potential incarceration.

Denied. *For the same reasons stated in the previous application.*

**MARY J. CAPOZZOLI**  
Notary Public, State of New York  
No. 01CA6199981  
Qualified in Greene County  
Commission Expires January 26, 2012

By the Court (Print or type name of Judge/Fam. Sup. Magistrate) <i>Winslow, J.</i>	On (Date)	Signed (Judge, FSM, Assistant Clerk) 	Date signed 7/30/10
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Granted as follows:

1. The following fees are waived  Entry fee  Filing fee  Other (Specify:)

2. The following fees are ordered paid by the State  State Marshal's fee not to exceed \$  Other (Specify:)

Denied.

By the Court (Print or type name of Judge/FSM)	On (Date)	Signed (Judge, FSM, Assistant Clerk)	Date signed
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