

HOW TO APPLY FOR A RESTRAINING ORDER UNDER SECTION 46b-15

JD-FM-257 New 10-16
P.A. 16-34

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

This is a summary of how you apply for a restraining order (relief from abuse) under Section 46b-15 of the Connecticut General Statutes. This summary gives you a checklist to follow to help guide you through the process. For more detailed information, you should read the pamphlet *Restraining Orders: How to Apply for Relief From Abuse* that will be given to you when you apply for a restraining order. To ask for a restraining order, you must be one of the family or household members described on the Application form. If you have any questions, ask at the Court Service Center or Clerk's Office.

Need help? Check the map provided by the Connecticut Coalition Against Domestic Violence (CCADV) for a program near you or call the 24-hour Statewide Domestic Violence Hotline toll-free at **888-774-2900** (English) or **844-831-9200** (Spanish)

My Checklist:

- 1. Fill out these forms:
 - Application (JD-FM-137)
 - Affidavit (JD-FM-138)
 - Affidavit Concerning Children (JD-FM-164) (*if you have children*)
- 2. If you live or lived with the person you are filing a restraining order against (the respondent), who is the other parent of your child, and you need financial orders, fill out the Supplemental Affidavit and Request for Orders of Maintenance (JD-FM-233).
- 3. Bring the filled-out forms to the court clerk. The forms must be signed in front of a clerk, notary public, or lawyer.
- 4. While you are waiting for the judge to rule on your application, you should fill out the State Marshal Commission's Restraining Order/Civil Protection Order Service Respondent Profile (SMC-2) that will help the process server locate the respondent. Each court location that handles restraining orders has a process server (State Marshal) available at the courthouse twice a day to meet with you regarding service of the papers on the respondent. Fill out the State Marshal Commission's Restraining Order/Civil Protection Order Instructions (SMC-1) with the State Marshal and make sure you get his or her name and contact information.

A judge will review the application. After the judge rules on your application, the clerk will:

- a. give you a hearing date.
- b. give you the original and two copies of any ex parte restraining order if the court orders ex parte relief. "Ex parte" means without a hearing and without the other side present.
- c. give the restraining order information, if any, to the police within 48 hours.

- 5. When you have all of your restraining order paperwork back from the clerk, bring it to a process server as soon as possible so that the papers can be delivered to the respondent as quickly as possible.

The court will pay for the cost of delivering the papers to the respondent.
The process server should not charge you or ask you for any money.

- 6. If you do not get the papers back from the process server at least 3 days before your hearing date, contact that person. Ask if the process server delivered them to court or arrange to get them back so that you can file them with the court yourself. The court requires proof that the process server delivered the papers to the respondent.
- 7. If an ex parte restraining order was granted, keep one copy of the ex parte restraining order with you at all times and the other in a safe place.

You have to go to court on the hearing date if you want the court to consider your restraining order. If the court issued an ex parte restraining order when you applied and you need more time for service, file a Request for Additional Time for Service of Ex Parte Restraining Order, form JD-FM-256 to ask for more time to have the respondent served.

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.

**Domestic Violence Program
United Services, Inc.**
Dayville
(860) 774-8648

**The Network
Enfield**
(860) 763-4542

**Interval House
Hartford**
(860) 527-0550

**Susan B. Anthony Project
Torrington**
(860) 482-7133

**Women's Support Services
Sharon**
(860) 364-1900

**Prudence Crandall
Center
New Britain**
(860) 225-6357

**Safe Haven of
Greater Waterbury**
(203) 575-0036

**Women's Center of
Greater Danbury**
(203) 731-5206

**The Umbrella
Center for Domestic
Violence Services
Ansonia**
(203) 736-9944

**Domestic Abuse Services
Greenwich YWCA**
(203) 622-0003

**Domestic Violence
Program
United Services,
Inc.
Willimantic**
(860) 456-9476

**Safe Futures
New London**
(860) 701-6000

**New Horizons
Community Health Center
Middletown**
(860) 347-3044

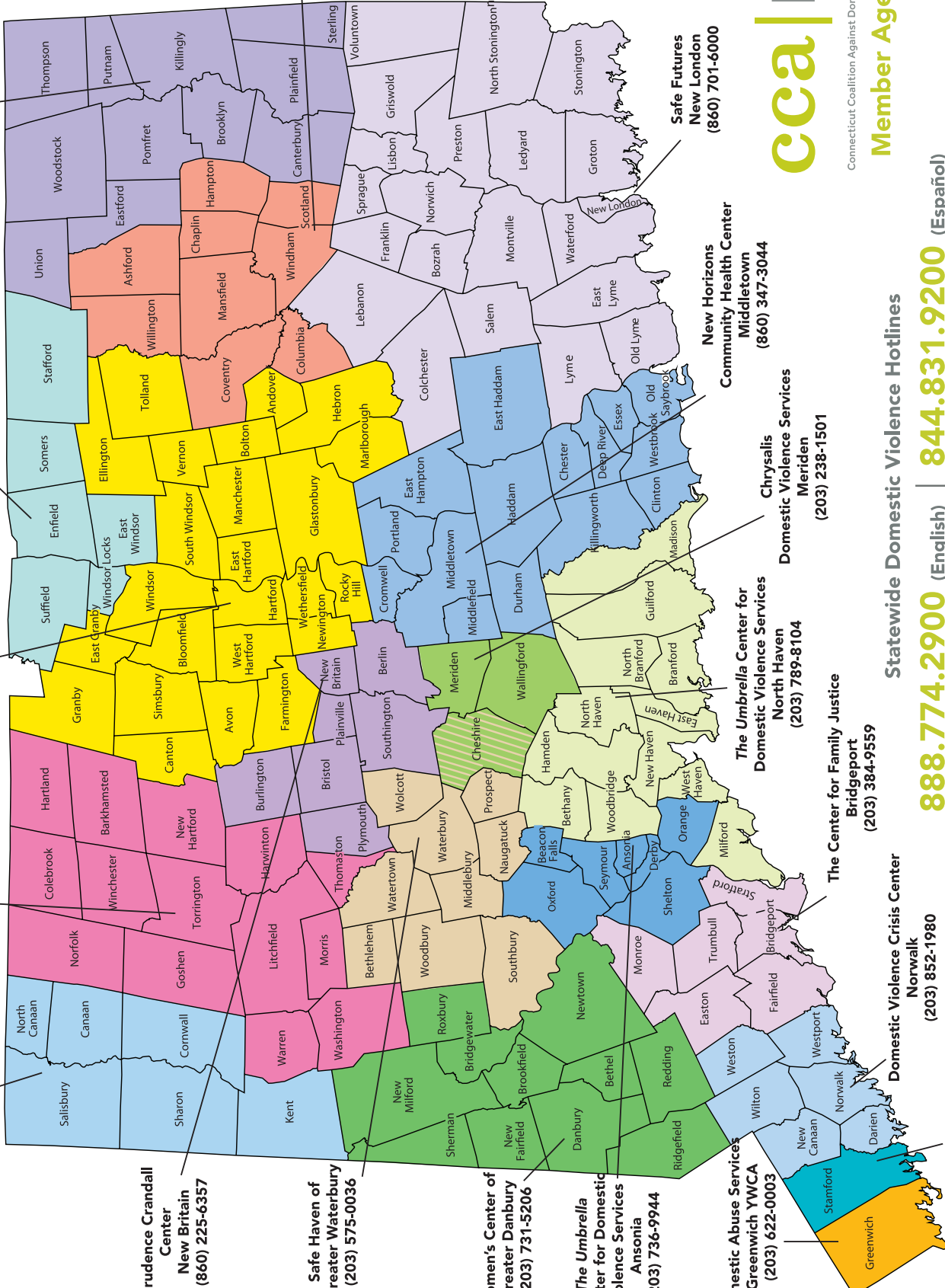
**Chrysalis
Domestic Violence Services
Meriden**
(203) 238-1501

**The Umbrella Center for
Domestic Violence Services
North Haven**
(203) 789-8104

**The Center for Family Justice
Bridgeport**
(203) 384-9559

**Domestic Violence Crisis Center
Norwalk**
(203) 852-1980

**Domestic Violence Crisis Center
Stamford**
(203) 588-9096



Connecticut Coalition Against Domestic Violence

Member Agencies

Statewide Domestic Violence Hotlines

844.831.9200 (Español)
Llamadas gratis y confidenciales,
24 horas al día, todos los días

888.774.2900 (English)
Toll-free, 24 hours
Services are free and confidential

**Domestic Violence Crisis Center
Stamford**
(203) 588-9096

APPLICATION FOR RELIEF FROM ABUSE

JD-FM-137 Rev. 1-18
C.G.S. §§ 29-28, 29-32, 29-33, 46b-15, 52-231a;
P.A. 17-163

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

COURT USE ONLY

APPRFA



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.

Judicial District of	Court location (number, street, town, zip code)	Docket number	
Your name (Applicant) (Last, first, middle initial)	Date of birth (mm/dd/yyyy)	Sex (M/F)	Race
Your mailing address (Number, street)* (See Note below)	Town	State	Zip Code
Your home/residence address* (See Note below) <input type="checkbox"/> Same as mailing address	Town	State	Zip Code
Your work address* (See Note below)	Town	State	Zip Code

***Note: Any addresses you provide will be included in the court file and will be provided to the Respondent. These addresses will also tell the court which law enforcement agencies must be notified if the court issues a restraining order. If you believe that giving out your home, work, or school address would put you and/or your children's health, safety or liberty in danger, you may use a mailing address that is different from your home or work address, including the address for the Safe at Home address confidentiality program, if applicable, but it is important to note that doing so may limit which law enforcement agencies receive notice of the order. You may also file a Request for Nondisclosure of Location Information form JD-FM-188 (which requires a mailing address) with the Clerk's Office.**

Information About the Respondent (Person the application is filed against)

Respondent's name (Last, first, middle initial)	Date of birth (mm/dd/yyyy)	Sex (M/F)	Race
Respondent's address (Number, street)	(Town)	(State)	(Zip Code)
Respondent's telephone number	Other identifiers (Examples include height, weight and approximate age)		

Respondent is ("X" all that apply)

- | | |
|---|---|
| <input type="checkbox"/> My spouse or a person I have a civil union with
<input type="checkbox"/> If you are seeking additional orders of maintenance, check here
(If you check this box, you must complete JD-FM-233, Request for Orders of Maintenance and submit it as part of your application) | <input type="checkbox"/> A person who is also the parent of my dependent child or children in common and we all live together.
<input type="checkbox"/> If you are seeking additional orders of maintenance, check here
(If you check this box, you must complete JD-FM-233, Request for Orders of Maintenance and submit it as part of your application) |
| <input type="checkbox"/> Someone I have cohabited with as an intimate partner (romantic, spousal, or sexual relationship while living together) | <input type="checkbox"/> A person related to me by blood or marriage |
| <input type="checkbox"/> Parent of my child | <input type="checkbox"/> A person I reside or resided with |
| <input type="checkbox"/> My parent | <input type="checkbox"/> A caretaker who is providing shelter in his or her residence to a person 60 years of age or older |
| <input type="checkbox"/> My child | <input type="checkbox"/> A person I have (or recently had) a dating relationship with |

"X" here if you know about any other Protective Order or Restraining Order that exists involving you or the Respondent.
(Give the docket number and court location, if known)

Docket number	Court location
---------------	----------------

"X" here if a dissolution of marriage (divorce), dissolution of civil union, custody or visitation action exists involving you and the Respondent.
(Give the docket number and court location, if known)

Docket number	Court location
---------------	----------------

Optional to Applicant (If you choose to answer, "X" the appropriate boxes below)

- Does the Respondent hold a permit to carry a pistol or revolver? Yes No Unknown
- Does the Respondent hold an eligibility certificate for a pistol or revolver, a long gun eligibility certificate, or an ammunition certificate? Yes No Unknown
- Does the Respondent possess one or more firearms? Yes No Unknown
- Does the Respondent possess ammunition? Yes No Unknown

If you think you need more security when you are in court for your relief from abuse hearing, contact the Clerk's Office or the Court Service Center in the court where your hearing is scheduled.

Applicant's name	Respondent's name	Docket number
------------------	-------------------	---------------

Application For Relief From Abuse

I have been subjected to a continuous threat of present physical pain or physical injury, stalking or a pattern of threatening, by the Respondent named above as explained more fully in my attached Affidavit.

1. I ask that the court order the following conditions: ("X" all that apply)

- CT01 The Respondent not assault, threaten, abuse, harass, follow, interfere with, or stalk me. (CT01)
- CT03 The Respondent stay away from my home or wherever I shall reside. (CT03)
- CT05 The Respondent not contact me in any manner, including by written, electronic or telephone contact, and not contact my home, workplace or others with whom the contact would be likely to cause annoyance or alarm to me. (CT05)
- CT14 The Respondent may return to the home one time with police to retrieve belongings. (CT14)
- CT15 If I have moved out of the home of the Respondent, the Respondent shall permit me to return to the Respondent's home on one occasion, with police, to retrieve my belongings. (CT15)
- CT16 The Respondent stay 100 yards away from me. (CT16)
- CT19 That the order protect my minor children. (CT19)

#	Name <i>(Last, first, middle initial)</i>	Sex <i>(M/F)</i>	Date of birth <i>(mm/dd/yyyy)</i>
1			
2			
3			

#	Name <i>(Last, first, middle initial)</i>	Sex <i>(M/F)</i>	Date of birth <i>(mm/dd/yyyy)</i>
4			
5			
6			

CT31 That the order protect animals owned or kept by me. (CT31)

2. I ask that the court make the following temporary child custody and visitation orders:

CT20 Award me temporary custody of the following minor child(ren) who is (are) also the child(ren) of the Respondent.

#	Name <i>(Last, first, middle initial)</i>	Sex <i>(M/F)</i>	Date of birth <i>(mm/dd/yyyy)</i>
1			
2			
3			

#	Name <i>(Last, first, middle initial)</i>	Sex <i>(M/F)</i>	Date of birth <i>(mm/dd/yyyy)</i>
4			
5			
6			

CT21 With visitation as follows:

CT22 Without visitation rights to the Respondent.

3. I ask that the court order the following: (further order)

4. I am in school and I ask that a copy of the restraining order, if it is granted, be sent to my school

Name of school		Fax number of school		
Address of school <i>(Number, street)</i>		Town	State	Zip Code

5. My minor child or children for whom I am also asking for protection is/are in school and I ask that a copy of the restraining order, if it is granted, be sent to my child's or children's school (attach additional sheets if necessary).

Name of school		Fax number of school		
Address of school <i>(Number, street)</i>		Town	State	Zip Code

Request For Ex Parte (Immediate) Relief ("X" if this applies)

6. I ask that the court order Ex Parte (immediate) relief because I believe there is an immediate and present physical danger to me and/or my minor children and/or animals owned or kept by me.

I certify that the statements above are true to the best of my knowledge and belief.	Signature	Print name of person signing
--	-----------	------------------------------

Subscribed and sworn to before me <i>(Assistant Clerk, Commissioner of Superior Court, Notary Public)</i>	Date signed
---	-------------

AFFIDAVIT CONCERNING CHILDREN

JD-FM-164 Rev. 2-15
C.G.S. § 46b-115s
P.B. § 25-57

STATE OF CONNECTICUT
**SUPERIOR COURT
COURT OF PROBATE**

www.jud.ct.gov

Instructions

Fill out this form completely. You must swear that your statements are true and sign this form in front of a court clerk, a notary public, or an attorney who will also sign and date the affidavit.

Court Use Only
AFFACUS


Judicial District of _____	At (Town) _____	Probate District name and number _____	Docket number _____
Plaintiff/Applicant's (Last, first, middle initial) _____		Defendant/Respondent's (Last, first, middle initial) _____	

You must provide information about the past five years for each child affected by this case. Provide the information below. If you need more space, use form JD-FM-164A.

Child's name (First, middle, last) _____	Date of birth (Month, day, year) _____
--	--

Date(s) of residence	Place of residence (Town or city, and state, unless confidential by court order)	Name(s) and present address(es) of person(s) child lived with (unless confidential)	Relationship to child
From _____ To The present (date)			
From _____ To _____ (date) (date)			
From _____ To _____ (date) (date)			
From _____ To _____ (date) (date)			
From _____ To _____ (date) (date)			

Child's name (First, middle, last) _____	Date of birth (Month, day, year) _____	<input type="checkbox"/> Residence information is same as for child above. (If not same, provide information)
--	--	--

Date(s) of residence	Place of residence (Town or city, and state, unless confidential by court order)	Name(s) and present address(es) of person(s) child lived with (unless confidential)	Relationship to child
From _____ To The present (date)			
From _____ To _____ (date) (date)			
From _____ To _____ (date) (date)			
From _____ To _____ (date) (date)			
From _____ To _____ (date) (date)			

Check here if additional children are listed on JD-FM-164A.

1. (Check one) I have I have not been involved as a party or a witness or in any other capacity in a case or cases in Connecticut or in another state concerning custody of or visitation with any child listed in this affidavit. If you checked "I have," give the name of the court, the court case number and the date of the decision in the case or cases:

(Check item 2 or 3 below)

2. I do not know of other civil or criminal cases in Connecticut or another state, now or in the past, that could affect the current case, including enforcement cases and family violence, protective order, termination of parental rights and adoption cases.
3. I know of the following civil or criminal cases, in Connecticut or another state, now or in the past, that could affect the current case, including enforcement cases and family violence, protective order, termination of parental rights and adoption cases.

Case name	Docket number	Court location (Including state)
-----------	---------------	----------------------------------

Nature of proceeding

Case name	Docket number	Court location (Including state)
-----------	---------------	----------------------------------

Nature of proceeding

4. (Check one) No one except the plaintiff/applicant and defendant/respondent has physical custody or claims to have custody or visitation rights regarding any child listed here.
- The following person(s) has physical custody or claims to have custody or visitation rights regarding any child listed here:

Name: _____

Address: _____
(unless confidential)

5. The mother of the child(ren) named in the Complaint or Application is pregnant.

Yes No Do not know

6. A child has been born to the mother named in the Complaint or Application after the filing of the Complaint or Application.

Yes No Do not know If yes, fill in the following:

Child's name	Date of birth (Month, day, year)
--------------	----------------------------------

Signature	Print name of person signing
-----------	------------------------------

Sworn to before me (Assistant Clerk/Commissioner of Superior Court/Notary Public)	Date signed
---	-------------

You must tell the court about any case in Connecticut or another state that could affect this case, if you learn about it during this case.

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.

**SUPPLEMENTAL AFFIDAVIT AND
REQUEST FOR ORDERS
OF MAINTENANCE**

JD-FM-233 New 1-15
P.A. 14-217 § 120

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

For Court Use Only

REQMAIN



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.

Note to Person Filing Request (Applicant):

This form may only be used if you and the respondent are spouses or if you and the respondent live together and have a dependent child or children in common.

Instructions to Person Filing Request (Applicant):

If you are requesting the court to enter orders to maintain the safety and basic needs of yourself or any dependent child(ren) in your Application for Relief from Abuse (JD-FM-137), complete Section A, and complete Sections B and C as they apply. If you request any orders in Section C of this form, those orders cannot enter on an ex parte basis (prior to a hearing) and will be considered when you have a hearing on your application.

Name of Applicant (Last, first, middle initial)	Name of Respondent (Last, first, middle initial)	Docket Number
---	--	---------------

A. I swear to the following: The respondent is (select all that apply)

- My spouse or a person I have a civil union with A person who is also the parent of my dependent child or children in common and we all live together

I request that the court enter the following orders because (select all that apply):

- No other orders exist.
 An order is necessary to maintain my safety or the safety of any dependent child(ren) in common.
 An order is necessary to my basic needs or the basic needs of any dependent child(ren) in common.

B. REQUESTS FOR EX PARTE RELIEF (May also be ordered at the time of the hearing)

An order prohibiting the respondent from:

- Taking any action that could result in the termination of any necessary utility services or necessary services related to the family dwelling or dwelling in which I reside. CT40
- Taking any action that could result in the cancellation, change of coverage or change of beneficiary of any health, automobile, or homeowner's policy to the detriment of me or any dependent child(ren) the respondent and I have in common. CT41
- Transferring, encumbering, concealing, or disposing of the property specified which is owned or leased by the applicant. (Specify Below) CT42

An order that the respondent provide me with:

- An automobile (specify) _____ CT43
- A checkbook (specify) _____ CT44
- Documentation of health, automobile or homeowner's insurance (specify) _____ CT45
- A document for the purpose of proving my identity (specify) _____ CT46
- A key to (specify) _____ CT47
- The following personal effects (specify) _____ CT48

C. REQUESTS FOR RELIEF AT THE TIME OF THE HEARING

An order that the respondent be required to:

- Make rent or mortgage payments on the family dwelling or the dwelling in which I reside with any dependent child(ren) the respondent and I have in common. CT49
- Maintain utility services or any other necessary services related to the family dwelling or the dwelling in which I reside with any dependent child(ren) that the respondent and I have in common. CT50
- Maintain all existing health, automobile or homeowner's insurance coverage without change in coverage or beneficiary designation. CT51
- Provide financial support for the benefit of any dependent child(ren) that the respondent and I have in common provided that the respondent has a legal duty to support such child(ren) and has the ability to pay. CT52

Note: If, at your hearing, no order is entered under section B or C, no such order may be entered thereafter pursuant to this section. Any order entered pursuant to section C shall not be subject to modification. Any order entered pursuant to Sections B and C shall expire at 120 days or sooner as the court may determine after the date of issuance or upon issuance of a superseding order, whichever occurs first. Any amounts ordered but not paid or collected under this section may be preserved and collectable in an action for dissolution of marriage, custody, paternity or support.

I certify that the statements above are true to the best of my knowledge and belief.	Signature	Print name of person signing
Subscribed and sworn to before me (Assistant Clerk, Commissioner of Superior Court, Notary Public)		Date signed

**RESTRAINING ORDER / CIVIL
PROTECTION ORDER SERVICE
RESPONDENT PROFILE**

SMC-2 Rev. 10-15
C.G.S. § 46b-16a

STATE OF CONNECTICUT
STATE MARSHAL COMMISSION



**—DO NOT PUT IN COURT FILE—
—FOR STATE MARSHAL USE—**

Respondent

Name of Respondent	Relationship	Work telephone number	Home telephone number	Cell telephone number
--------------------	--------------	-----------------------	-----------------------	-----------------------

Street address

Apartment number and/or floor/other description	City, State and Zip code
---	--------------------------

Days Respondent is likely to be home (Circle) S M T W Th F S	Hours likely to be there _____ A.M. to _____ A.M. P.M. P.M.
---	--

Respondent's Employer

Name of Respondent's employer	Employer's street address
-------------------------------	---------------------------

Days Respondent is likely to be at work (Circle) S M T W Th F S	Hours likely to be there _____ A.M. to _____ A.M. P.M. P.M.
--	--

Description of Respondent (Provide picture if possible)

Hair color	Height	Weight	Race	Date of birth or age
------------	--------	--------	------	----------------------

Hair length <input type="checkbox"/> Short <input type="checkbox"/> Long	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Facial hair (If applicable) <input type="checkbox"/> Beard <input type="checkbox"/> Mustache	Glasses <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	---	---

Identifying scars, marks, tattoos, etc. <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe:
---	-------------------

Other places to find the Respondent: (such as gyms, bars, with family or friends.) Give specific address if available.

Vehicle type
 Car SUV Van/Truck Motorcycle Other _____

State	Make	Model	Color	License plate number
-------	------	-------	-------	----------------------

Safety concerns: (Are there any special safety concerns a State Marshal should know about when making service?) Yes No

If yes, describe:

Weapons: (Does the Respondent carry, or own, or have in his or her residence any weapons?) Yes No

If yes, describe, including firearms:

If the weapons include firearms, does the Respondent possess ammunition? Yes No

Has the applicant been threatened by a weapon, if so describe:

—INFORMATION BELOW IS NOT TO BE DISCLOSED TO THE RESPONDENT OR THE PUBLIC—

Name of applicant	Work telephone number	Home telephone number	Cell telephone number
-------------------	-----------------------	-----------------------	-----------------------

Home address	City, State and Zip code
--------------	--------------------------

Other contact information

**EMPLAZAMIENTO (ENTREGA OFICIAL) DE LA ORDEN DE
RESTRICCIÓN U ORDEN DE PROTECCIÓN EN LO CIVIL:**

PERFIL DEL DEMANDADO

SMC-2 Rev. 10-15
C.G.S. § 46b-16a

**ESTADO DE CONNECTICUT
COMISIÓN DE ALGUACILES ESTATALES**



—NO INCLUYA ESTE FORMULARIO EN EL EXPEDIENTE JUDICIAL—

—PARA USO DEL ALGUACIL ESTATAL—

Demandado

Nombre del demandado	Parentesco/Relación:	Número de teléfono del patrono	Número de teléfono del domicilio	Número de teléfono del celular
Dirección				
Número del apartamento y/o piso/otra descripción			Ciudad, estado y código postal	
Días en los que el demandado posiblemente se encuentre en el domicilio (encierre en un círculo) D L Mar Mié J V S		Posible horario de trabajo	A.M. hasta	A.M. P.M.

Patrono del demandado

Nombre del patrono del demandado	Dirección del patrono			
Días en los que el demandado posiblemente esté trabajando (encierre en un círculo) D L Mar Mié J V S		Posible horario de trabajo	A.M. hasta	A.M. P.M.

Descripción del demandado (proporcionar una foto de ser posible)

Color de cabello	Estatura	Peso	Raza	Fecha de nacimiento o edad
Largo del cabello <input type="checkbox"/> corto <input type="checkbox"/> largo	Sexo <input type="checkbox"/> Masculino <input type="checkbox"/> Femenino	Vello facial (si corresponde) <input type="checkbox"/> barba <input type="checkbox"/> bigote		anteojos/gafas <input type="checkbox"/> Sí <input type="checkbox"/> No
Cicatrices o marcas distintivas, tatuajes, etc. <input type="checkbox"/> Sí <input type="checkbox"/> No	De ser así, describir			
Otros lugares que frecuenta el demandado (por ejemplo: gimnasios, cantinas, con familiares o amigos). Dé direcciones específicas si están disponibles.				

Tipo de vehículo auto S.U.V. furgoneta / camioneta motocicleta otro

Estado	Marca	Modelo	Color	Número de matrícula
--------	-------	--------	-------	---------------------

Medidas de seguridad (¿Existe algún riesgo contra la seguridad del cual el alguacil estatal deba estar al tanto antes de realizar la entrega de los documentos?) Sí No

De ser así, describir

Armas (¿Porta el demandado algún tipo de armas, es dueño de alguna o tiene alguna en su domicilio?) Sí No

De ser así, favor de describirlas; entre estas, las armas de fuego:

Si entre dichas armas se incluyen armas de fuego, ¿tiene el demandado municiones en su poder? Sí No

¿Alguna vez fue amenazada la parte demandante con un arma? De ser así, favor de explicar:

— LASIGUIENTE INFORMACIÓN NO LE SERÁ DIVULGADA A LA PARTE DEMANDADA O AL PÚBLICO —

Nombre de la parte demandante	Número de teléfono del patrono	Número de teléfono del domicilio	Número de teléfono del celular
Dirección			Ciudad, estado y código postal
información adicional de contacto			

**RESTRAINING ORDER / CIVIL
PROTECTION ORDER SERVICE
INSTRUCTIONS**

SMC-1 Rev. 10-16
C.G.S. §§ 46b-15, 46b-16a
P.A. 14-217 §§ 186-190

STATE OF CONNECTICUT
STATE MARSHAL COMMISSION



You are the Applicant who has asked the court for a restraining order or civil protection order. When the judge signs your papers and the clerk gives them back to you, there will be a state marshal on duty for you to give the original papers to, with a copy, to serve on the Respondent. Keep a copy for yourself. The Judicial Branch will pay the state marshal. The clerk can tell you where in the courthouse a state marshal is on duty to accept restraining orders or civil protection orders from 12:30 p.m. to 1:00 p.m., and 4:30 p.m. to 5:00 p.m., or later if the court is running late. The onsite marshal is usually the best option, but you may find a different proper officer on your own. Make sure you have the state marshal's name and number, or a business card.

Because time is short, give the papers to a marshal as soon as possible. The state marshal will work to do a service of the restraining order no later than 3 days before the hearing date or civil protection order papers no later than 5 days before the hearing date. The information you provide will be used by the state marshal to find and serve the Respondent, but the state marshal does not act as a private investigator. Only a couple of attempts at service are likely, so it is very important that you talk to the state marshal and fill out the Respondent's information profile form the best you can with specific details to help the state marshal locate and recognize the Respondent. The state marshal will contact you to tell you the service was done, or not, and the state marshal will return the papers to the courthouse. If service was done, you must go to your court hearing date.

Date the signed restraining order or civil protection order was given to you to make service		Date you gave the restraining order or civil protection order to the State Marshal	
Name of State Marshal		Telephone number of State Marshal	
Hearing date	Court location		

**—THE APPLICANT KEEPS THIS DOCUMENT FOR THEIR OWN USE—
—DO NOT PLACE IN COURT FILE—**

**EMPLAZAMIENTO (ENTREGA OFICIAL)
DE LA ORDEN DE RESTRICCIÓN U
ORDEN DE PROTECCIÓN EN LO CIVIL:
INSTRUCCIONES**

SMC-1 Rev. 10-16
C.G.S. §§ 46b-15, 46b-16a
P.A. 14-217 §§ 186-190

**ESTADO DE CONNECTICUT
COMISIÓN DE ALGUACILES**



Usted es la parte peticionaria que le ha solicitado al tribunal una orden de restricción u orden de protección en lo civil. Cuando el juez firme los documentos y el secretario se los devuelva, podrá dirigirse al alguacil estatal de turno para entregarle los documentos originales, junto con una copia de los mismos, para que éste pueda entregar oficialmente los documentos a la parte demandada. Quédese con una copia. La Rama Judicial le pagará al alguacil estatal. El secretario podrá indicarle en qué parte del tribunal se encuentra el alguacil estatal de turno encargado de recibir las órdenes de restricción. El horario de entrega es de 12:30 p.m. a 1:00 p.m., y de 4:30 p.m. a 5:00 p.m.; o será extendido si el tribunal está todavía en sesión. El alguacil estatal asignado al tribunal es generalmente la mejor opción, pero usted podría conseguir algún otro funcionario acorde por su cuenta. Asegúrese de anotar el nombre y número de teléfono del alguacil estatal o pedirle su tarjeta de presentación.

Debido a que no cuenta con mucho tiempo, entréguele los documentos al alguacil lo más pronto posible. El alguacil estatal hará los arreglos para la entrega oficial del documento de la orden de restricción, a más tardar, tres días antes de la fecha prevista para la audiencia o del documento de la orden de protección en lo civil, a más tardar, cinco días antes de dicha fecha. La información que usted proporcione le servirá de ayuda al alguacil estatal para encontrar a la parte demandada y entregarle oficialmente los documentos, pero dicho alguacil no trabaja en calidad de investigador privado. Es posible que el alguacil estatal solo intente un par de veces realizar la entrega oficial de los documentos a la parte demandada, así que es de suma importancia que hable con dicho alguacil y que llene el formulario de información del perfil de la parte demandada lo mejor posible y que incluya detalles precisos para que el alguacil pueda localizar y entregarle los documentos a la parte demandada. El alguacil estatal se comunicará con usted para notificarle si se le ha entregado oficialmente los documentos o no a la parte demandada, y devolverá los documentos al tribunal. Si se efectuó la entrega oficial de los documentos, usted deberá asistir a la audiencia en el tribunal el día previsto para la misma.

Fecha en que se le entregó a usted la orden de restricción o la orden de protección en lo civil firmada para que se encargara de los trámites de emplazamiento	Fecha en que usted le entregó los documentos de la orden de restricción al alguacil estatal
Nombre del alguacil estatal	Número de teléfono del alguacil estatal
Fecha de la audiencia	Ubicación del tribunal

**— LA PARTE PETICIONARIA CONSERVA ESTE DOCUMENTO PARA USO PERSONAL —
— NO COLOQUE ESTE FORMULARIO EN EL EXPEDIENTE JUDICIAL —**

**REQUEST FOR ADDITIONAL TIME FOR SERVICE
OF EX PARTE RESTRAINING ORDER**

JD-FM-256 New 10-16
P.A. 16-34

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

Instructions to Applicant

1. This form must be filed with the court on or before your originally scheduled hearing date.
2. If you were not able to have the respondent served with your ex parte restraining order at least 3 days before your court hearing, fill out this form and file it with the court clerk to ask for an extension of time for service to be made.

Court Use Only
RATRO


Instructions to Clerk

1. Upon receipt, submit this request to the court for consideration. After this request is approved by the court, prepare a new Form JD-FM-140, Order And Notice Of Court Hearing, Relief From Abuse, with the new hearing date.
2. If ex parte orders were issued and the application indicates that the respondent holds a permit to carry a pistol or revolver, an eligibility certificate for a pistol or revolver, a long gun eligibility certificate or an ammunition certificate or possesses one or more firearms or ammunition, schedule the hearing within 7 days from the original hearing date. Otherwise, schedule the hearing within 14 days from the original hearing date.

Name of Applicant	Name of Respondent	Docket number
-------------------	--------------------	---------------

I, the applicant named above, have been unable to have the respondent served with notice of the hearing, a copy of my application and affidavit, and a copy of the ex parte order in this matter at least 3 days before the hearing scheduled for (date) _____ .

Therefore, I request an extension of the ex parte order for an additional period so that the respondent may be served at least 3 days before the new hearing date.

Signed (Applicant)	Print name of applicant	Date
--------------------	-------------------------	------

ORDER

The court has considered this request and orders it

- Granted. Any ex parte orders are extended until the hearing date of _____ .
- Denied.

By the Court (Judge)	Signed (Judge/Assistant Clerk)	Date Ordered
----------------------	--------------------------------	--------------

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.

Domestic Violence Programs Shelter • Information • Referrals

Domestic Violence programs are located throughout the State of Connecticut. The programs provide a 24-hour hotline, information, referrals, and shelter to victims of domestic violence.

**Statewide Domestic
Violence Hotline**
1-888-774-2900
1-844-831-9200 (Spanish)

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/.

Disclaimer: This publication has been put together by the Judicial Branch as a public service and under the provisions of section 46b-15b of the Connecticut General Statutes. It is based on the Connecticut General Statutes in effect at the time of publication. This information is not intended as a substitute for getting legal advice from a Connecticut attorney. You are responsible for any actions you take on your own behalf. The clerk's office may assist you with procedural questions; however, the staff cannot act as your attorney or give legal advice and are not responsible for any errors or omissions in these procedures. If you need more information or assistance, you should either contact an attorney or read the appropriate sections of the Connecticut General Statutes and the Connecticut Practice Book.

Copyright © 2016 State of Connecticut Judicial Branch
JDP-FM-142 (Rev. 10/16)

Restraining Orders: How to Apply for Relief from Abuse



www.jud.ct.gov

State of Connecticut Superior Court

The Forms You Need to Apply for a Restraining Order

Fill out an Application for Relief From Abuse form (JD-FM-137), and an Affidavit – Relief From Abuse form (JD-FM-138).

If you want temporary custody of your children, fill out an Affidavit Concerning Children form (JD-FM-164). If the respondent is your spouse or someone you have a civil union with, or you live with the Respondent and have a dependent child who also lives with you, and you would like to ask the court to make additional orders of maintenance, check the box on the Application for Relief From Abuse form (JD-FM-137) that says that, and fill out the Supplemental Affidavit and Request for Orders of Maintenance form (JD-FM-233). You also need to fill out a Restraining Order Service Respondent Profile form (SMC-2), so that the State Marshal can find and deliver the papers to the Respondent.

Note: The person who fills out the Application for Relief From Abuse form (JD-FM-137) is called the “Applicant” in the restraining order process.

The person the Application for Relief From Abuse form is filed against is called the “Respondent.”

Application Procedures

You must give the filled-out forms to the court clerk. The Application and Affidavits must be signed in front of a clerk, notary public or lawyer.

The Application and Affidavits will be reviewed by a Judge. If your application for an ex parte (immediate) order was granted and you checked any of the boxes on page 1 of your application that the respondent has firearms or ammunition, a permit to carry a pistol or revolver or an eligibility certificate for a pistol, revolver or a long gun eligibility certificate, or an ammunition certificate, your hearing will be held within 7 days from the date of the order. Otherwise, the court will order your hearing to be held within 14 days from the date of the order.

Fees

You do not have to pay court fees to file the Application for any motion to change or extend the order. The fee for delivery of the Application (known as service) and any orders issued without a hearing (ex parte) will be paid for by the Judicial Branch.

After the Judge Rules on the Application

If the Judge grants your request for a restraining order, the clerk's office will process the papers and give you two (2) copies of the:

- Order of Protection form (JD-CL-99) and, if appropriate
- Additional Orders of Protection form (JD-CL-100) and Orders of Maintenance form (JD-FM-234)

The clerk will also return to you the original:

- Application for Relief From Abuse form (JD-FM-137)
- Affidavit – Relief From Abuse form (JD-FM-138)
- Affidavit Concerning Children form (JD-FM-164)

The clerk will also give you the:

- Order and Notice of Court Hearing form (JD-FM-140)
- General Restraining Order Notifications form (JD-CL-104)
- Restraining Order Service Respondent Profile form (SMC-2) if you have not already received one

You should keep one of the copies of the Order of Protection form (JD-CL-99) and Additional Orders of Protection form (JD-CL-100), if ordered, with you at all times and the other copy of the orders in a safe place.

Any ex parte orders granted by the Judge will last until your hearing date unless otherwise ordered. The orders can be extended later at the hearing.

The clerk will send a copy of the order or information in the order to law enforcement within forty-eight (48) hours.

Delivery to the Respondent (Service of Process)

To make sure that the Respondent knows about the restraining order, if the court ordered one, and about the hearing date, bring all of the forms the clerk gave you to a State Marshal, also known as a process server or proper officer, for delivery to the Respondent. (The clerk or someone at a Court Service Center can explain to you who a "proper officer" is). You may get a current list of State Marshals from the clerk's office or the Judicial Branch web site at www.jud.ct.gov. At some courthouses, a State Marshal is at the courthouse at certain times during the day to help with service.

The Restraining Order Service Respondent Profile form (SMC-2) is needed so that the State Marshal can find and deliver the papers to the Respondent. It is very important to give the State Marshal as much information as you can about how to find the Respondent.

The forms must be delivered to the Respondent at least three (3) days before the hearing date. If you do not know where the Respondent lives or cannot give enough information about how to find the Respondent, the State Marshal may not be able to find the Respondent to deliver the papers and your protection might be limited.

If an ex parte order was issued and the State Marshal was not able to deliver the forms to the respondent at least 3 days before the hearing, you may file a Request for Additional Time for Service of Ex Parte Restraining Order (Family) JD-FM-256 before or on the day of your hearing to ask the court for more time.

After the State Marshal delivers the forms, the original forms must be returned to the clerk's office so that the court has proof that the Respondent was served. Therefore, it is recommended that the forms be returned to the clerk's office as soon as possible.

Firearm Restrictions

Firearm restrictions apply to Respondents who are subject to orders of protection. A notice of the firearm restrictions is printed on the General Restraining Order Notification form (JD-CL-104).

Testimony by Other Means

Before the hearing, you may file a motion asking that your testimony be taken in a different place, away from the Respondent. The Judge may order the use of videoconferencing or another way for you to give testimony. If you want to request this, you should file a motion with the court as soon as possible before the hearing.

The Court Hearing

You must go to the hearing if you want the court to give you a restraining order, if it hasn't given you one already, or to extend the restraining order if it already gave you one. During the hearing you will be able to tell the Judge why you want the restraining order or why you want to extend one.

If you think you need more security when you are in court for the hearing, contact the clerk's office or the Court Service Center where the hearing will be.

On the day of the hearing and before going in front of the Judge, you and the Respondent must meet separately with a Family Relations Counselor (FRC) from the Court Support Services Division.

There will be a sign-up sheet in the area of the courthouses where the FRC has the meetings. A Judicial Marshal can tell you where that is. The FRC will ask for information about any existing court orders, possession of firearms or permits, history of the relationship, and information on child-related matters. The FRC may make recommendations and

may refer you to other agencies for other services. At the end of the meeting you and the Respondent will go to the courtroom to wait for your hearing.

Witnesses or evidence that will support your claims should be brought to the hearing.

If the court is closed on the scheduled hearing date, the hearing will be held on the next day the court is open and any ex parte order will stay in effect until the hearing is held.

After the Hearing

If the restraining order is granted by the Judge, you will get two (2) copies of a new Order of Protection form (JD-CL-99) and, if ordered, a new Additional Orders of Protection form (JD-CL-100) and Orders of Maintenance form (JD-FM-234). A copy of the order(s) will be given or mailed to the Respondent by the clerk.

The clerk will send a copy of the order(s) or the information in the order(s) to law enforcement within forty-eight (48) hours.

You should keep one of the copies of the Order of Protection form (JD-CL-99) and, if ordered, a new Additional Orders of Protection form (JD-CL-100) and Orders of Maintenance form (JD-FM-234) with you at all times and the other copy of the orders in a safe place.

Change of Address

If you move after the court issues the restraining order, contact the clerk's office to find out how to update your information.

Length of the Restraining Order

The new Order of Protection, and Additional Orders of Protection if ordered, are good for one (1) year, unless the Judge orders a different length of time. If Orders of Maintenance were made, they are good for a maximum of 120 days. It is important to make sure that you understand the order and know

how long each part of it lasts. Ask someone at the Court Service Center or Clerk's Office for help if you do not understand what the orders say or how long they will remain in effect.

About five (5) weeks before the end of the restraining order, the Office of Victim Services will mail you a letter to the address listed in the order, or your new address if you gave it to the court, telling you when the restraining order will end.

Violating the Restraining Order

If the Respondent did not follow any part of the order you should contact the police immediately and file a complaint.

Extending the Restraining Order

If you want the restraining order to continue after the period ordered by the court, you must file a Motion to Extend with the clerk's office. To keep the order from running out, you should file the motion at least two (2) to three (3) weeks before the restraining order ends.

After the motion is filed, the clerk will schedule a hearing, and return the motion to you for delivery to the Respondent. Delivery may be made by first-class mail to Respondent's last known address. You cannot extend or modify the Orders of Maintenance.

On the hearing date, the same court procedures apply as described in "The Court Hearing" section of this brochure.

For more information contact:

Office of Victim Services
1-800-822-8428
225 Spring Street
Wethersfield, CT 06109
www.jud.ct.gov/crimevictim