

CUSTODY AFFIDAVIT

JD-JM-30 Rev. 12-22
P.B. § 25-57; C.G.S. § 52-231a
P.A. 12-82 § 16

For information on ADA accommodations, contact the Centralized ADA Office at (860) 706-5310 or go to: www.jud.ct.gov/ADA/

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



Address of court	Docket number
Name and address of child/youth	Date of birth

1. Address(es) where the child has lived for the past five years:

2. Child lived with the following people during the past five years:

3. There is not a proceeding in Connecticut or any other state now or in the past that could affect the custody of the child,
OR

4. The following proceeding(s) affect the custody of the child:

Nature of Proceedings	Case Name	Docket Number	Court Location (Including state)
<input type="checkbox"/> Civil <input type="checkbox"/> Criminal <input type="checkbox"/> Probate <input type="checkbox"/> Child Support <input type="checkbox"/> Juvenile			
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5. The following person(s) has/have physical custody or claims to have custody or visitation rights with respect to the child.

No one other than the petitioner/respondent

Name and address:

6. The proceedings in this court on the pending matter concerning the child would not conflict with or interfere with any other pending proceeding.

7. Any party to this action Has Has Not participated as a party or witness or in any other capacity, in any other proceeding concerning the custody or or visitation with the child.

I certify that the statements made are true to the best of my knowledge and belief:

Department of Children and Families by duly authorized representative:

Petitioner, if not agency:

Signed (Duly authorized representative)
Print or type name of person signing above

Signed (Subscriber)
Print or type name of person signing above

Subscribed and sworn to before me:	On (Date)	Signed (Notary Public, Assistant Clerk, Commissioner of Superior Court)
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