

**MOTION FOR ORDERS BEFORE  
JUDGMENT (Pendente Lite)  
IN FAMILY CASES**

JD-FM-176 Rev. 6-12  
C.G.S. § 46b-56, P.B. § 25-24

**STATE OF CONNECTICUT  
SUPERIOR COURT**

[www.jud.ct.gov](http://www.jud.ct.gov)

COURT USE ONLY

MFORPLC *Use this docket legend if the child custody box below is checked*  


MFORPL *Use this docket legend if the child custody box below is not checked*  


**Instructions to person filling out this form:**

1. Fill out this form and keep a copy for your records.
2. Mail or deliver a copy to all attorneys and self-represented parties of record in this case.
3. File the form with the court clerk's office.
4. Carefully read and follow the instructions on the court calendar when you receive it.

|   |           |   |               |
|---|-----------|---|---------------|
| Judicial District of  | At (Town) | Return date (Month, day, year)                              | Docket number |
| Plaintiff's name (Last, first, middle initial)              |           | Defendant's name (Last, first, middle initial)              |               |
| Plaintiff's address (Number, street, town, state, zip code) |           | Defendant's address (Number, street, town, state, zip code) |               |

The  Plaintiff  Defendant requests court orders concerning (*check all that apply*):

- child custody
- child support
- child visitation (*parenting time*)
- alimony
- exclusive use of the family home
- appointment of an attorney for my child(*ren*) under 18
- genetic testing for paternity of child \_\_\_\_\_
- medical insurance/expenses \_\_\_\_\_
- other (*specify*) \_\_\_\_\_

**Certification**

I certify that a copy of this document was mailed or delivered electronically or non-electronically on \_\_\_\_\_ to all attorneys and self-represented parties of record and that written consent for electronic delivery was received from all attorneys and self-represented parties receiving electronic delivery.

Name and address of each party and attorney that copy was mailed or delivered to\*

\*If necessary, attach additional sheet or sheets with name and address which the copy was mailed or delivered to.

|   |                                      |
|---|--------------------------------------|
| Signed ( <i>Individual attorney or self-represented party</i> )<br> | Print or type name of person signing |
|---|--------------------------------------|

**Order - To Be Completed By The Court**

The above motion having been heard, it is ordered that:

|              |   |            |             |
|--------------|---|------------|-------------|
| By the Court | Signed ( <i>Judge/Assistant Clerk</i> ) | Print name | Date signed |
|--------------|---|------------|-------------|

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](http://www.jud.ct.gov/ADA).