

**PERIODIC REVIEW WORKSHEET -
FEES CHARGED BY COUNSEL
OR GUARDIAN AD LITEM**

JD-FM-232 New 10-14
PA 14-3 as amended by PA 14-207

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

Court Use Only

REWORK



Name of case (<i>Plaintiff v. Defendant</i>)	Docket number
Name of counsel or guardian ad litem	Date of appointment

1. An order was made on (*date*) _____ stating fees to be paid to counsel/the guardian ad litem are allocated as follows:

_____ % Mother
_____ % Father
_____ % Other (*3rd party*)

2. Fees paid to counsel/the guardian ad litem to date:

\$ _____ Mother
\$ _____ Father
\$ _____ Other (*3rd party*)

3. Fees owed to counsel/the guardian ad litem to date:

\$ _____ Mother
\$ _____ Father
\$ _____ Other (*3rd party*)

4. The most recent bill was sent to the parties on (*date*) _____.

5. The parties are billed on a monthly; quarterly; semi-annual;
 other: _____ (*i.e. at court appearances*) basis.

6. Target date for completion (*date*) _____.

Signed (<i>Counsel/Guardian Ad Litem</i>)	Print name	Date
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