## MOTION FOR EXTENSION OF CIVIL PROTECTION ORDER

JD-CV-146 Rev. 7-21

C.G.S. §§ 6-32, 46b-16a, 51-5c(a), 6-32(b), 53a-223c, 53a-107

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

## Instructions to Person Filing Motion (Applicant):

- 1. If the applicant is under 18 years of age, the Motion for Extension must be signed and filed by an adult representative, also known as a "next friend." The next friend may be a parent, guardian or other responsible adult.
- 2. This motion and any documents accompanying it may be submitted to the clerk in person or by designated e-mail or fax located at www.jud.ct.gov.
- 3. E-mail or fax this completed form to the clerk to set a hearing date. The appropriate e-mail address or fax number may be located at <a href="www.jud.ct.gov">www.jud.ct.gov</a>. The clerk will return the proper papers to you at the e-mail address or fax number from which the Application was received, or if received in person, to the mailing address identified.
- 4. Give to State Marshal or proper officer for service. Be sure the form is returned to court after service.

Judicial District of		Court location (number, street, town, 2	zip code)	code)			Docket number		
Name of applicant (Last, first, middle initial)			Date of birth (mm/dd/yyyy) Sex (M/F)		Race				
Address to which mail is to be sent (Number, street)* (See <b>NOTE</b> below)			(Town)	(Town)		(State)	(Zip Code)		
Home/residence address* (See NOTE below) Same as mailing address			(Town)	(Town)			(Zip Code)		
Work address* (See <b>NOTE</b> below)				(Town)			(Zip Code)		
Name of next friend (Last, first, middle initial) (If applicant is a minor)				Next friend address (town, state, Zip)* (See NOTE below)					
applicant's address or address or address or address or some that disclosure of your loc information not be disclos	dresses wation info	nis application will be included o vill determine which law enforce rmation would jeopardize you on pleting a Request of Nondisclo	ment age or your chi	ncies are notified i ildren's health, safe	f a Civil Pro ety or liberty	tection Or /, you ma	der is granted. If you attest y request that your location		
Information About th	-		0		,, ) I.	2 (14/5)	10		
Name of respondent (Person the	e application	is filed against) (Last, first, middle initia	ai)	Date of birth (mm/do	vyyyy) :	Sex (M/F)	Race		
Address of respondent (Number		(Town)			(State)	(Zip Code)			
Respondent's telephone number Other i		Other identifiers (Examples include h	l neight, weigh						
Do you know the respondent?	f yes, how o	I do you know the respondent							
Is the respondent a memb	per of you	r family or household? ☐ Ye	es 🗌 No						
		person you have a civil union v					as an intimate partner		
<ul> <li>Your family or household is defined as:</li> <li>Your former spouse or a person you had a civil</li> <li>The parent of your child</li> <li>Your parent</li> <li>Your child</li> </ul>				<ul><li>nion with (romantic, spousal, or sexual relationship while living together)</li><li>A person related to you by blood or marriage</li></ul>					
				A person you reside or resided with					
				A person you have (or recently had) a dating relationship with					
should NOT continue to Order of Relief from Abo	fill out to use unde	case is a family or househo his form. However, if the resper er section 46b-15 of the Conn D-CV-148), and Restraining O	pondent l lecticut G	is a family or hοι General Statutes.	isehold me For more	ember yo informat	u may qualify for an ion, see Civil Protection		
Select here if a Crimin (Enter docket number		tive Order or Family Restrainin rt location)	ıg Order e	exists affecting any	/ party to th	is Applica	ation.		
Docket number		Court location							
Optional to applicant (#	you cho	ose to answer, Select the appr	opriate bo	oxes below)					
	-	mit to carry a pistol or revolver			res [	No	Unknown		
		igibility certificate for a pistol or			, ,	¬			
eligibility certificate, or an ammunition certificate?					res [	∐ No	Unknown		
<ul><li>3. Does the respondent possess one or more firearms?</li><li>4. Does the respondent possess ammunition?</li></ul>					∕es [	∐ No	Unknown		
4. Does the respondent p	วบรรษรร 2	uniuniuon?		۱ 🗀 ۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰	∕es [	No	Unknown		

Court Service Center in the court where your hearing is scheduled.

If you think you need more security when you are in court for your Civil Protection Order hearing, contact the Clerk's Office or the

Name of applicant		Name of respondent		Docket number	Docket number			
MOTION FOR EXTE	NSION OF CIV	L PROTECTION	I ORDER					
		Date (mm/dd/yyyy)						
1. A Civil Protection O	rder was entered o	on	against the responde	ent.				
2. The facts and circu	mstances that were	e the basis for that o	rder still exist.					
3. I continue to need t	he protection of th	is order because:						
4. There is no Crimina those facts and circ		or Family Restrainin	g Order currently in effe	ect against the respond	dent arising from			
5. The respondent is a	not a member of my	v family or household	d as defined in the <i>Insti</i>	ructions and Information	on About the			
respondent section	s of this form. See	sections 46b-15 and	46b-38 of the Connecti					
Protection Order In	formation Form (fo	rm JD-CV-148), for m	ore information.					
Therefore, I move for a	an extension of the	<b>Civil Protection Orde</b>	er.					
Signed (Applicant or next friend, if a	applicant is a minor)	Subscribed and	Signed (Clerk, Notary, Comm	nissioner of Superior Court)	Date signed			
<u> </u>		sworn to before me:						
Hearing date	Time of bearing	For Court		(courtroom if applicable)				
Healing date	ring date  Time of hearing  Court location (Number, street, town, zip code and courtroom, if applicable)  .m.							
		<b>I</b>						
To Any Proper Officer:								
By authority of the State Extension of Civil Protect								
Date Shown above. The								
Connecticut in accordance			•	•				
		Signed (Assistant Clerk)			Date signed			
By Order of the Cour	t				<b>C</b>			
Return of Service								
To Officer Executing Se	ervice:							
Type or print legibly in the			his and all accompany	ing papers to the cler	k of the court at			
the court location above l	Date of service							
Service executed	Date of service	Time of service	☐ a.m. ☐ p.m.					
		h = v = = = = = = = = = = = = = = = = =						
	•	he respondent name						
☐ Other (Specify in	detail and attach a	additional documenta	ation as needed)					
Unable to serve (Cor	nments)							
Name of officer (Last, first)		Agency or office		Officer's telephor	Officer's telephone			
()		J .,						
	· ·	nature of officer		Date signed				
Under penalty of false sta	atement							

To any proper officer: Electronically record that service of process was executed in the Judicial Branch's service tracking system. If you are unable to electronically record that service of process was or was not executed in the Judicial Branch's service tracking system, complete the return of service section above and send a copy to the Court Operations Unit by e-mail at <a href="mailto:justice.support@jud.ct.gov">justice.support@jud.ct.gov</a> or fax at 860-610-0480, and return the original papers to the clerk of the court.