

**CONTEMPT PROCEEDINGS
UPON FAILURE OF PAYER OF
INCOME TO COMPLY WITH WITHHOLDING
ORDER FOR SUPPORT**

JD-FM-124 Rev. 9-17
C.G.S. §§ 46b-88, 46b-231, 52-362

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



Instructions to applicant

1. Prepare original and 2 copies.
2. Obtain day of week for appearance from clerk.
3. Keep a copy for your files.
4. Forward original and 1 copy to clerk.

Instructions to clerk

1. Check all information for accuracy.
2. Complete the "Order and Summons."
3. Return original to applicant.

COURT USE ONLY
MCTMEMP

Judicial District of	Address of Court (Number, street, and town)	Docket number
Application is hereby made to issue a CONTEMPT ORDER against:		
Name of payer of income	Address of payer of income (Number, street, and town)	Agent of payer of income
Name of case	Name of employee/obligor	
Amount of income withholding \$	Date withholding was served on payer of income	Amount of unpaid withholding \$
Name of Applicant or Support Enforcement Officer making application	Address of Applicant (Number, street, and town)	
Application	The payer of income listed above has failed to follow the requirements of Section 46b-88 and/or Section 52-362 of the Connecticut General Statutes in implementing the income withholding order listed above by:	
	<input type="checkbox"/> Failing to withhold support payment(s) from employee/obligor's income. <input type="checkbox"/> Failing to remit withheld support payment(s) to the State Disbursement Unit within the time required by Section 52-362. <input type="checkbox"/> Failing to enroll the employee/obligor and his or her child or children in an appropriate health insurance plan (according to Section 46b-88, the National Medical Support Notice).	
	Therefore, it is requested that the payer of income be held in contempt of court for failing to follow the requirements of Section 52-362 in implementing the income withholding order listed above and be held liable for any amount of the payment(s) that were required by the income withholding order after the payer of income received service of the income withholding order that the payer of income failed or refused to pay over as directed in the income withholding order.	
I certify that the information given above is true to the best of my knowledge and belief.	Signed (Applicant or Support Enforcement Officer)	Date signed

Order and Summons	It is ordered that the payer of income listed above or its responsible agent appear before the Superior Court/Family Magistrate Division at:			
	Address of Superior Court/Family Support Magistrate Division	On (Day of week)	Date (Month, day, year)	Time A.M. P.M.
	to show cause why the payer of income should not be held in contempt of court for failure to withhold the income of the employee/obligor listed above according to the income withholding order listed above and/or failure to make payments to the petitioner or the state disbursement unit as ordered by the Superior Court or Family Support Magistrate, and/or failure to enroll the employee/obligor and/or his or her child or children in an appropriate health insurance plan.			
	TO: Any Proper Officer			
By Authority of the State of Connecticut , you are commanded to serve and make return of service of this application and order on the payer of income named above according to law at least twelve (12) days, inclusive, before the court appearance "Date" indicated above.				
By the Court	<input type="checkbox"/> ,J. <input type="checkbox"/> ,F.S.M.	Signed (Assistant Clerk)	Date signed	

Notice To Payer Of Income

1. This paper summons you to appear in (come to) court at the address and on the day, date, and time noted above.
2. If you fail to appear in court on the court appearance date and time, the court may issue a capias (order for your arrest). In addition, the court may find you in contempt and hold you liable for income not withheld from the employee/obligor's income according to the income withholding order listed above, and/or for income withheld but not paid over to the state disbursement unit, and/or for failing to enroll the employee/obligor and/or his or her child or children in an appropriate health insurance plan as ordered by the Superior Court or Family Magistrate.

FOR COURT USE ONLY
FILE DATE

Order

The foregoing motion having been heard, it is ordered:

By the Court	,J. ,F.S.M.	Signed (<i>Assistant Clerk</i>)	Date signed
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Return Of Service

State of Connecticut, County of ss.	Name of payer of income or agent served	Date of service
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Name of person served

Then and there, by virtue of the original application, and by order and summons of the court, I left a true and attested copy thereof with and in the hands of the above-named payer of income or its responsible agent.

The within and foregoing is a true copy of the original application, order and summons with my doings thereon endorsed.

Attest (<i>State Marshal, Support Enforcement Officer, Proper Officer</i>)	Title of signer	TOTAL
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Fees

Copy

Endorsement

Service

Travel

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.