



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

JD-FM-176 Rev. 2-20  
C.G.S. § 46b-56; P.B. §§ 25-24, 25-25

**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.

COURT USE ONLY	
MFORPLC 	Child custody box below <b>is checked</b>
MFORPL 	Child custody box below <b>is not checked</b>

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



For information on ADA accommodations, contact a court clerk or go to: [www.jud.ct.gov/ADA](http://www.jud.ct.gov/ADA).

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: *(Select all that apply)*

- child custody
- child support
- child visitation (*parenting time*)
- alimony
- exclusive use of the family home (*Complete 1–5 below*)

1. Nature of the property:

2. It is:  rented by  owned by:  Plaintiff  Defendant  Both parties  Neither party

3. How long has each party been a tenant or owned this property?

Plaintiff \_\_\_\_\_ years \_\_\_\_\_ months  Not applicable

Defendant \_\_\_\_\_ years \_\_\_\_\_ months  Not applicable

4. What family members currently live there? (*List all*)

5. On what grounds do you claim exclusive possession of this property? (*state grounds*)


- appointment of an attorney for my child(ren) under 18
- medical insurance/expenses
- other: (*specify*)

**Certification**

I certify that a copy of this document was or will immediately be mailed or delivered electronically or non-electronically on (*date*) \_\_\_\_\_ 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 of record who received or will immediately be receiving electronic delivery.

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

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

Signed ( <i>Signature of filer</i> ) 	Print or type name of person signing	Date signed
Mailing address ( <i>Number, street, town, state and zip code</i> )		Telephone number

**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
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