

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

**Instructions to Clerk:**

Assign a hearing date prior to the expiration date of the original Civil Protection Order.

Judicial District of	Court location (number, street, town, zip 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 NOTE below)	(Town)	(State)	(Zip Code)
Home/residence address* (See NOTE below) <input type="checkbox"/> Same as mailing address	(Town)	(State)	(Zip Code)
Work address* (See NOTE below)	(Town)	(State)	(Zip Code)
Name of next friend (Last, first, middle initial) (If applicant is a minor)	Next friend address (town, state, Zip)* (See NOTE below)		

**\*NOTE:** All addresses provided in this application will be included on papers that are in the court file and will be provided to the respondent. The applicant's address or addresses will determine which law enforcement agencies are notified if a Civil Protection Order is granted. If you attest that disclosure of your location information would jeopardize you or your children's health, safety or liberty, you may request that your location information not be disclosed by completing a *Request of Nondisclosure of Location Information - Civil Protection Order* (form JD-CV-163).

<b>Information About the Respondent</b>			
Name of respondent (Person the application is filed against) (Last, first, middle initial)	Date of birth (mm/dd/yyyy)	Sex (M/F)	Race
Address of respondent (Number, street)	(Town)	(State)	(Zip Code)
Respondent's telephone number	Other identifiers (Examples include height, weight and approximate age)		
Do you know the respondent? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how do you know the respondent		
Is the respondent a member of your family or household? <input type="checkbox"/> Yes <input type="checkbox"/> No			
A member of your family or household is defined as:	• Your spouse or a person you have a civil union with • Your former spouse or a person you had a civil union with • The parent of your child • Your parent • Your child	• Someone you have cohabited with as an intimate partner (romantic, spousal, or sexual relationship while living together) • A person related to you by blood or marriage • A person you reside or resided with • A person you have (or recently had) a dating relationship with	
<b>*NOTE: If the respondent in your case is a family or household member, you do not qualify for a Civil Protection Order and you should NOT continue to fill out this form. However, if the respondent is a family or household member you may qualify for an Order of Relief from Abuse under section 46b-15 of the Connecticut General Statutes. For more information, see Civil Protection Order Information Form (form JD-CV-148), and Restraining Orders: How to Apply for Relief from Abuse (form JDP-FM-142).</b>			

Select here if a Criminal Protective Order or Family Restraining Order exists affecting any party to this Application.  
(Enter docket number and court location)

Docket number	Court location
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**Optional to applicant (If you choose to answer, Select the appropriate boxes below)**

1. Does the respondent hold a permit to carry a pistol or revolver? .....  Yes  No  Unknown
2. Does the respondent hold an eligibility certificate for a pistol or revolver, a long gun eligibility certificate, or an ammunition certificate? .....  Yes  No  Unknown
3. Does the respondent possess one or more firearms? .....  Yes  No  Unknown
4. Does the respondent possess ammunition? .....  Yes  No  Unknown

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

