

**MOTION FOR INTERVENTION IN  
FAMILY MATTERS**

JD-FM-185 Rev. 8-17  
C.G.S. § 46b-57

**STATE OF CONNECTICUT  
SUPERIOR COURT**

www.jud.ct.gov

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MTI


**Instructions:** Fill out the form below to intervene in an existing case and file it with the Court Clerk. You must also file an Appearance form (JD-CL-12).

Judicial District of	At (Town)	Docket number
Name of case		Return date (Month, day, year) (if applicable)
Intervenor's name (Last, first, middle initial)	Intervenor's address (Number, street, town, state, zip code)	

1. I am the (State relationship to child(ren), for example grandparent, aunt, uncle, etc.): \_\_\_\_\_
2. I have a relationship with the child(ren) that is similar in nature to a parent-child relationship. (State specifically how your relationship is similar to a parent-child relationship):  
\_\_\_\_\_  
\_\_\_\_\_

(Check if asking for visitation) Denial of visitation will cause real and significant harm to the child(ren). (State specifically what harm would be caused to the child(ren)):  
\_\_\_\_\_  
\_\_\_\_\_

**Or**

(Check if asking for custody) Parental custody clearly is detrimental to the child(ren) and giving me custody would be in the child(ren)'s best interests.

3. I want ("X" one):  custody of the child(ren) listed below  visitation rights with the child(ren) listed below

Child's Name (First, middle, last)	Child's Age	Name(s) Of Parent(s) Or Guardian(s) (First, middle initial, last)

"X" here if additional children are listed on a separate sheet.

4. Briefly explain why you are asking to intervene in this case:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I request the Court's permission to intervene in this case.**

**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 (Signature of filer/Connecticut Attorney)	Print or type name of person signing	Date signed
Mailing address (Number, street, town, state and zip code)		Telephone number

**Order (To be completed by the court)**

The court has heard this motion and orders it:

**Granted**

**Denied**

By the Court ( <i>Name of Judge</i> )	Signed ( <i>Judge/Assistant Clerk</i> )	Print name of person signing at left	Date signed
, J.			