

**DISSOLUTION OF MARRIAGE  
REPORT**

JD-FM-181 Rev. 4/2000  
P.B. § 25-58

STATE OF CONNECTICUT  
**SUPERIOR COURT**  
www.jud.state.ct.us

**INSTRUCTIONS**

- To be completed by the Attorney for the Plaintiff or, if Pro Se, by the Plaintiff.
- Clerk to complete section 2.

**PART 1 (To be completed by Attorney for the Plaintiff)**

<b>HUSBAND</b>	NAME OF HUSBAND (First, middle, last)					
	USUAL RESIDENCE (Number and street)			CITY OR TOWN		
	COUNTY		STATE	BIRTHPLACE (State or Foreign Country)		DATE OF BIRTH (Mo., Day, Year)
	NAME OF WIFE (First, middle, last)				MAIDEN NAME (Last name only)	
<b>WIFE</b>	USUAL RESIDENCE (Number and street)			CITY OR TOWN		
	COUNTY		STATE	BIRTHPLACE (State or Foreign Country)		DATE OF BIRTH (Mo., Day, Year)
	PLACE OF THIS MARRIAGE (City)			COUNTY		STATE
<b>MARITAL HISTORY</b>	DATE OF MARRIAGE (Mo., Day, Year)			APPROXIMATE DATE COUPLE SEPARATED (Month, Year)		
	NUMBER OF CHILDREN BORN ALIVE OF THIS MARRIAGE		NUMBER OF CHILDREN STILL LIVING		NUMBER OF CHILDREN UNDER 18 YEARS OF AGE	
	PLAINTIFF <input type="checkbox"/> HUSBAND <input type="checkbox"/> WIFE	FAMILY RELATIONS DIVISION CUSTODY STUDY <input type="checkbox"/> YES <input type="checkbox"/> NO		PUBLIC ASSISTANCE RECIPIENT <input type="checkbox"/> YES <input type="checkbox"/> NO		AMOUNT OF ASSISTANCE MONTHLY
	ATTORNEY FOR PLAINTIFF (IF APPLICABLE) (Name)			ATTORNEY'S ADDRESS (IF APPLICABLE) (No., street, city, state, zip code)		

INFORMATION FOR STATISTICAL PURPOSES ONLY: (To be completed by Attorney for the Plaintiff or, if Pro Se, by the Plaintiff)

RACE (White, Black, Native American, etc., specify)	NO. OF THIS MARRIAGE (First, Second, etc. specify)	IF PREVIOUSLY MARRIED, HOW MANY ENDED BY		EDUCATION - SPECIFY HIGHEST GRADE COMPLETED		
		DEATH	DIVORCE OR ANNULMENT	ELEMENTARY (0, 1, 2, 3, thru 8)	HIGH SCHOOL (1, 2, 3, or 4)	COLLEGE (1, 2, 3, 4 or 5+)
HUSBAND	FOR HUSBAND	FOR HUSBAND	FOR HUSBAND	HUSBAND	HUSBAND	HUSBAND
WIFE	FOR WIFE	FOR WIFE	FOR WIFE	WIFE	WIFE	WIFE

**PART 2 (To be completed by the Clerk of Superior Court)**

<b>DECREE</b>	DATE OF DECREE (Mo., Day, Year)	TYPE OF DECREE <input type="checkbox"/> ABSOLUTE DIVORCE <input type="checkbox"/> ANNULMENT		DATE WRIT RETURNABLE (Month, Year)		
	COUNTY OF DECREE		DOCKET NO. FA	LEGAL GROUNDS FOR DISSOLUTION (Specify)		
	CASE CONTESTED <input type="checkbox"/> YES <input type="checkbox"/> NO		CUSTODY OF MINOR CHILDREN TO <input type="checkbox"/> HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> JOINT <input type="checkbox"/> NOT APPLICABLE			
	DECREE GRANTED TO <input type="checkbox"/> HUSBAND <input type="checkbox"/> WIFE		TITLE OF OFFICIAL		SIGNED (Clerk or Assistant Clerk)	