

**DIVORCE
(DISSOLUTION OF MARRIAGE)
COMPLAINT/CROSS COMPLAINT**

JD-FM-159 Rev. 7-2000
C.G.S. § 46b-40, et seq.
P.B. § 25-2, et seq.

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

CROSS COMPLAINT CODE ONLY CRSCMP
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- Complaint: Complete this form. Attach a completed Summons (JD-FM-3) and Notice of Automatic Court Orders (JD-FM-158).*
 Cross Complaint: Complete this form and attach to the Answer (JD-FM-160) unless it is already filed.

JUDICIAL DISTRICT OF	AT (Town)	RETURN DATE (Month, day, year)	DOCKET NO.
PLAINTIFF'S NAME (Last, First, Middle Initial)		DEFENDANT'S NAME (Last, First, Middle Initial)	
1. WIFE'S BIRTH NAME (First, Middle initial, Last)			
2. DATE OF MARRIAGE	3. TOWN AND STATE, OR COUNTRY WHERE MARRIAGE TOOK PLACE		

4. (Check all that apply)

- The husband or the wife has lived in Connecticut for at least twelve months before the filing of this divorce complaint or before the divorce will become final.
 The husband or the wife lived in Connecticut at the time of the marriage, moved away, and then returned to Connecticut, planning to live here permanently.
 The marriage broke down after the wife or the husband moved to Connecticut.

5. A divorce is being sought because: (Check all that apply)

- This marriage has broken down irretrievably and there is no possibility of getting back together. **(No fault divorce)**
 Other (must be reason(s) listed in Connecticut General Statute § 46b-40(c)):

Check and complete all that apply for items 6-13. Attach additional sheets if needed.

6. No children were born to the wife after the date of this marriage.
 7. There are no minor children of this marriage.
 8. The following children have been born to the wife or have been adopted before, on or after the date of this marriage and the husband is the father/adoptive father. (List only children under 18 years old or 18 and still in high school.)

NAME OF CHILD (First, middle, last)	DATE OF BIRTH (Month, day, year)

9. The following children were born to the wife **after** the date of the marriage and the husband is **not the father**. (List only children under 18 years old or 18 and still in high school.)

NAME OF CHILD (First, middle, last)	DATE OF BIRTH (Month, day, year)

(Continued...)

10. The wife is pregnant with a child due to be born on (date) _____

The father of this unborn child is (check one) the husband not the husband unknown.

11. If there is a court order about any child listed above, name the child(ren) below and the person or agency awarded custody or providing support:

CHILD'S NAME	NAME OF PERSON OR AGENCY
CHILD'S NAME	NAME OF PERSON OR AGENCY
CHILD'S NAME	NAME OF PERSON OR AGENCY

12. The husband, the wife, or any of the child(ren) listed above has received financial support from the State of Connecticut. (Check one) Yes No Do not know

If yes, send a copy of the Summons, Complaint, Notice of Automatic Court Orders and any other documents filed with this Complaint to the Assistant Attorney General, 55 Elm Street, Hartford, CT 06106, and file the Certification of Notice (JD-FM-175) with the court clerk.

13. The husband, the wife, or any of the child(ren) listed above has received financial support from a city or town in Connecticut. (Check one) Yes (State city or town: _____) No Do not know

If yes, send a copy of the Summons, Complaint, Notice of Automatic Court Orders and any other documents filed with this Complaint to the City Clerk of the town providing assistance and file the Certification of Notice (JD-FM-175) with the court clerk.

The Court is asked to order: (Check all that apply)

- A divorce (dissolution of marriage) Name change to _____
- A fair division of property and debts Sole custody
- Alimony Joint legal custody, Primary residence with: _____
- Child Support _____
- Visitation _____

And anything else the Court thinks is fair.

SIGNATURE	PRINT NAME OF PERSON SIGNING	.DATE SIGNED
ADDRESS	TELEPHONE (Area code first)	

- IF THIS IS A COMPLAINT, ATTACH A COPY OF THE AUTOMATIC COURT ORDERS BEFORE SERVING A COPY ON THE DEFENDANT.
- IF THIS IS A CROSS COMPLAINT, YOU MUST MAIL OR DELIVER A COPY TO ANYONE WHO HAS FILED AN APPEARANCE AND YOU MUST COMPLETE THE CERTIFICATION BELOW.

I certify that a copy of the above was mailed/delivered to all counsel and pro se parties of record on:

.DATE MAILED OR DELIVERED	SIGNED (Attorney or pro se party)
NAME OF EACH PERSON SERVED*	ADDRESS WHERE SERVICE WAS MADE (No., street, town, zip code)*

*If necessary, attach additional sheet with name of each party served and the address at which service was made.