

**CONTEMPT PROCEEDINGS UPON
FAILURE OF PAYER OF INCOME
TO COMPLY WITH WITHHOLDING
ORDER FOR SUPPORT**

STATE OF CONNECTICUT
SUPERIOR COURT



COURT USE ONLY
MCTMEMP

www.jud.state.ct.us

JD-FM-124 Rev. 11-01
C.G.S. § 46b-231, 52-362

INSTRUCTIONS TO PREPARER

1. Prepare original and 2 copies.
2. Obtain day of week for appearance from clerk.
3. Keep a copy for your files.
4. Forward original and 1 copy to clerk.

INSTRUCTIONS TO CLERK

1. Check all information for accuracy.
2. Complete the "Order" and "Summons".
3. Return original to preparer.

INSTRUCTIONS TO PROPER OFFICER

1. Serve a copy on the Payer of income or its responsible agent and make return on the original.

JUDICIAL DISTRICT OF	ADDRESS OF COURT (Number, street and town)	DOCKET NO.
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Application is hereby made to issue a CONTEMPT ORDER against:

NAME OF PAYER OF INCOME	ADDRESS OF PAYER OF INCOME (Number, street and town)	AGENT OF PAYER OF INCOME
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NAME OF CASE	NAME OF OBLIGOR
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AMOUNT OF INCOME WITHHOLDING \$	DATE WITHHOLDING WAS SERVED ON PAYER OF INCOME	AMOUNT OF UNPAID WITHHOLDING \$
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NAME OF PETITIONER (Applicant)	ADDRESS OF PETITIONER (Number, street and town)
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The payer of income has failed to comply with the requirements of C.G.S. § 52-362 in implementing said income withholding. WHEREFORE it is requested that the payer of income be held in contempt of court for failing to comply with the requirements of C.G.S. § 52-362 in implementing the aforementioned income withholding and be held liable for any amount of said payments to be enforced by income withholding after service of said income withholding that the payer of income failed or refused to pay over as directed by said income withholding.

I certify that the above information is true to the best of my knowledge and belief.	SIGNED (Petitioner or Support Enforcement Officer)	DATE SIGNED
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It is hereby ordered that the above-named payer of income or its responsible agent appear before the Superior Court/Family Magistrate Division at:

ADDRESS OF SUPERIOR COURT/FAMILY SUPPORT MAGISTRATE DIVISION	ON (Day of week)	DATE (Mo., day, yr.)	TIME __ M.
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to show cause why said payer of income should not be held in contempt of court for failure to withhold the income of the above-named obligor pursuant to the aforementioned income withholding and/or failure to make payments to the petitioner or the state disbursement unit as ordered by the Superior Court or Family Support Magistrate and why the other prayers in the application should not be granted.

TO: Any Proper Officer
BY AUTHORITY OF THE STATE OF CONNECTICUT, you are hereby commanded to make service of this application and order on the above-named payer of income by leaving a true and attested copy of this application and order with and in the hands of said payer of income or its responsible agent at least twelve (12) days, inclusive, before the court appearance "Date" indicated above.

Hereof fail not but due service and return make.

BY THE COURT	<input type="checkbox"/> J. <input type="checkbox"/> F.S.M.	SIGNED (Assistant Clerk)	DATE SIGNED
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NOTICE TO PAYER OF INCOME

1. This paper summons you to appear in court at the address and on the day, date, and time noted above.
2. If you fail to appear in court on the Court Appearance Date and Time a *capias* may be issued for your arrest. In addition, you may be found in contempt and be held liable to the petitioner for income not withheld from the obligor's income pursuant to the aforementioned income withholding and/or for income withheld but not paid over to the petitioner or the state disbursement unit as ordered by the Superior Court or Family Support Magistrate.

FOR COURT USE ONLY FILE DATE
