

**DISSOLUTION OF MARRIAGE  
REPORT**

JD-FM-181 Rev. 7/2001  
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)
<b>WIFE</b>	NAME OF WIFE (First, middle, last)		MAIDEN NAME (Last name only)	
	USUAL RESIDENCE (Number and street)		CITY OR TOWN	
	COUNTY	STATE	BIRTHPLACE (State or Foreign Country)	DATE OF BIRTH (Mo., Day, Year)
<b>MARITAL HISTORY</b>	PLACE OF THIS MARRIAGE (City)		COUNTY	STATE
	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	CSSD FAMILY SERVICES EVALUATION <input type="checkbox"/> YES <input type="checkbox"/> NO		CSSD FAMILY SERVICES MEDIATION <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 MINOR CHILD(REN) <input type="checkbox"/> YES <input type="checkbox"/> NO		GUARDIAN AD LITEM FOR MINOR CHILD(REN) <input type="checkbox"/> YES <input type="checkbox"/> NO	
	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)