

INSTRUCTIONS TO APPELLANT

1. Type or print legibly; sign the certification section.
2. Prepare a separate petition which includes the reasons for the appeal and attach the petition to this form.
3. Serve a copy of this form **with the petition attached**, to each party of record, and mail one copy, certified mail, to the following address; OFFICE OF ATTORNEY GENERAL, CHILD SUPPORT DEPARTMENT, 55 ELM ST., HARTFORD, CT 06106
4. File this form, **with the petition attached**, with the clerk of the court for the Judicial District where the magistrate's decision was rendered **WITHIN FOURTEEN DAYS OF EITHER**:
 - a. the date the final decision of the magistrate was filed with the clerk, OR
 - b. if a rehearing was requested, the date of filing the notice of the decision thereon, **WHICHEVER IS LATER**.

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| NAME OF CASE <i>(name of plaintiffs v. name of defendant - you can find this on court papers)</i> | | DOCKET NO. <i>(your case #, find on court papers)</i> | |
| NAME AND ADDRESS OF COURT <i>(write address of court where your case is pending)</i> | | NAME OF MAGISTRATE <i>(name of magistrate whose decision you are appealing)</i> | |
| FILING DATE OF MAGISTRATE'S DECISION <i>(write date of order you disagree with)</i> | | FILING DATE OF DECISION ON REQUEST FOR REHEARING (If Applicable) | |
| ATTORNEYS OR PRO SE PARTY(IES) AT MAGISTRATE HEARING → | | FOR PLAINTIFF <i>(include Juris No. if applicable)</i> <i>(if plaintiff has attorney, write attorney's name here)</i> | FOR RESPONDENT <i>(include Juris No. if applicable)</i> <i>(if respondent has attorney, write attorney's name here)</i> |
| TRANSCRIPT: <i>(A transcript is a written record of what was said in court in your case. It may help the judge on appeal understand what happened in your case. There is a cost per page. It is possible to have the state pay this cost. (See fee waiver form))</i> <input type="checkbox"/> NOT NECESSARY <input type="checkbox"/> HAS BEEN ORDERED | | ADDITIONAL EVIDENCE REQUESTED: <i>(If you have evidence that you didn't give in your case, and you have a good reason why you did not present it before, check yes and attach a page explaining what it was and why you didn't present it.)</i> <input type="checkbox"/> NO <input type="checkbox"/> YES -If yes, attach statement pursuant to C.G.S. 46b-231(n)(5) | |

NOTICE

The filing of an appeal from a decision of a Family Support Magistrate does not affect the order of support of a Family Support Magistrate, but it shall continue in effect until the appeal is decided, and thereafter, unless denied, until changed by further order of a Family Support Magistrate or the Superior Court. Further, any order entered by the court pursuant to an appeal under C.G.S. 46b-231(n) may be retroactive to the date of the original order entered by the Family Support Magistrate.

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| (Signature of attorney or pro se party) APPEAL BY: <i>(sign your name here)</i> | JURIS NO. <i>(If applicable)</i> <i>(leave this blank)</i> |
| CERTIFICATION | |
| I hereby certify that a copy of the above was mailed/delivered to: | |
| NAME OF EACH PARTY SERVED* <i>(Write in this box the names of all of the people to whom you have mailed this completed form. You must send copies of this completed form to all of the parties in the case.)</i> | ADDRESS AT WHICH SERVICE WAS MADE* <i>(Write in this box the addresses of the people to whom you mailed copies of this completed form.)</i> |

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

I further certify that a copy was mailed, certified mail, to the office of the Attorney General at the address shown in instruction #2 above in accordance with C.G.S. § 46(b)-231(n)(2).

SIGNED *(Individual attorney or pro se party)*
(When you sign here you swear you mailed copies to all of the parties listed above and to the Attorney General)

DATE COPY(IES) MAILED OR DELIVERED
(Write the date you mailed copies of this form to all the parties and to the Attorney General)

COURT USE ONLY

FILE DATE

