AFFIDAVIT - RELIEF FROM ABUSE

STATE OF CONNECTICUT
SUPERIOR COURT
www.jud.ct.gov

JD-FM-138 Rev. 12-09
C.G.S. §§ 46b-15, 52-231a, P.B. § 25-57

Instructions to Applicant *(Affiant)*

This affidavit must be completed and given to the clerk along with your completed Application for Relief From Abuse, form JD-FM-137. Your affidavit must include a statement of the conditions from which you seek relief and must be made under oath (you must swear that your statement is true and sign it in front of a court clerk, a notary public, or an attorney who will also sign and date the affidavit). The statement must be true to the best of your knowledge. ***Give recent, specific examples along with dates*** *and state if any arrest was made related to the incidents outlined in this statement.*

If you seek temporary custody of your minor child(ren), you must also complete an Affidavit Concerning Children, form JD-FM-164.

Name of applicant *(Your name)*	Name of respondent *(Person against whom application is filed)*	Docket number *(For court use only)*

Statement Of Conditions From Which You Seek Relief

I, the undersigned, duly depose and say that I am the Applicant in this matter and state as follows:

Statement Concerning Temporary Custody Of Children

"X" one of the following:

☐ I am not seeking temporary custody of any minor child(ren) in this matter.

☐ I am seeking temporary custody of my minor child(ren) in this matter.
(Complete an Affidavit Concerning Children, form JD-FM-164, and bring it to the clerk along with this form and your completed Application For Relief From Abuse, form JD-FM-137.)

I certify that the foregoing statements are true to the best of my knowledge and belief.	Signature	Print name of person signing
Subscribed and sworn to before me *(Assistant Clerk, Commissioner of Superior Court, Notary Public)*		Date signed

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