

**AFFIDAVIT
TEMPORARY CUSTODY
RELIEF FROM ABUSE**

JD-FM-138A New 7-2000
C.G.S. §§ 46b-15, 52-231a
P.B. § 25-57, P.A. 99-185 §20

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

INSTRUCTIONS TO APPLICANT (Affiant)

1. Complete this form ONLY if you are seeking temporary custody of your child(ren) in a relief from abuse case.
2. Bring this form along with the completed Application For Relief From Abuse form JD-FM-137 and your completed Affidavit - Relief From Abuse JD-FM-138 to the clerk
3. You must swear that your statement is true and sign it in front of a court clerk, notary public, or an attorney who will also sign and date this affidavit.

NAME OF APPLICANT (Your name) Mary Smith	NAME OF RESPONDENT (Person against whom application is filed) Bob Smith	DOCKET NO. (For court use only) (clerk will fill in)
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1. Information about the past five years for each child affected by this case is required. Provide the information below.

CHILD'S FULL NAME	ADDRESSES WHERE CHILD HAS LIVED FOR THE PAST FIVE YEARS (Town or city and state unless confidential. See Request for Nondisclosure of Location Information form JD-FM-188.)
CHILD 1 Sally Smith	183 Main St., Hartford CT
CHILD 2	
CHILD 3	
CHILD 4	
CHILD 5	
CHILD 6	

2. My child(ren) lived with the following person(s) during any part of the last five years:

NAME OF PERSON	CURRENT ADDRESS (Town or city and state unless confidential. See Request For Nondisclosure of Location Information form JD-FM-188.)
Bob Smith	183 main St. Hartford CT

3. ("X" one) I HAVE I HAVE NOT participated as a witness or in any other capacity in any case in Connecticut or any other state involving the children listed in this affidavit. If so, enter the case information below:

CASE NAME	DOCKET NUMBER	COURT LOCATION (Including state)	DATE OF DETERMINATION

4. ("X" one) I DO I DO NOT know of other civil or criminal proceedings in Connecticut or any other state involving the children listed in this affidavit. If so, enter the case information below:

CASE NAME	DOCKET NUMBER	COURT LOCATION (Including state)	NATURE OF PROCEEDING <input type="checkbox"/> CIVIL <input type="checkbox"/> CRIMINAL

5. The following person(s) has/have physical custody or claim(s) to have custody or visitation rights regarding any child listed:

- No one other than the applicant/respondent.
 Name and address:

I hereby certify that the foregoing statements are true to the best of my knowledge and belief	SIGNATURE (sign in front of clerk)	PRINT NAME OF PERSON SIGNING Mary Smith
SWORN TO BEFORE ME (Asst. Clerk, Comm. of Superior Court, Notary Public)		DATE SIGNED

DISTRIBUTION: Original and one copy to the Court, one copy to Applicant