

**AFFIDAVIT OF SERVICE
 PETITION FOR ORDER
 RE: COMMISSION ON HUMAN
 RIGHTS AND OPPORTUNITIES
 AND NOTICE OF HEARING**

JD-CV-69 New 6-98
 Public Act 98-245, Sec. 8

**STATE OF CONNECTICUT
 SUPERIOR COURT**

COURT USE ONLY
PETIT


INSTRUCTIONS TO PETITIONER

Complete the Affidavit (the Docket Number is the number assigned by the clerk to your original petition), attach your return receipts and file the Affidavit with the clerk of court within five days of service being made.

**AFFIDAVIT OF SERVICE
 PETITION FOR ORDER RE: COMMISSION ON HUMAN RIGHTS AND OPPORTUNITIES AND NOTICE OF HEARING**

**TO: Superior Court for the Judicial District of Hartford-New Britain
 at Hartford, 95 Washington St. Hartford CT 06106**

DOCKET NUMBER

NAME OF PETITIONER	ADDRESS OF PETITIONER (No., street, town, zip code)
NAME OF RESPONDENT	ADDRESS OF RESPONDENT (No., street, town, zip code)
COMMISSION ON HUMAN RIGHTS & OPPORTUNITIES	21 GRAND STREET, HARTFORD, CT 06106
NAME(S) OF RESPONDENT(S) (Person(s) named in CHRO complaint)	ADDRESS(ES) OF RESPONDENT(S) (No., street, town, zip code)

If additional respondents are to be named, attach a separate sheet of paper.

CHRO CASE NAME

CHRO CASE NUMBER

PETITION FOR ORDER

I, the undersigned Petitioner in the above referenced Petition for Order RE: Commission on Human Rights and Opportunities and Notice of Hearing, hereby certify that a copy of the Petition and Notice of Hearing in the above referenced matter was served on the date and in the manner noted below for each of the defendants, and that I have attached the return receipts that I have received indicating the delivery of the Petition and Notice of Hearing:

	NAME OF RESPONDENT	METHOD OF SERVICE CERTIFIED/REGISTERED	DATE OF SERVICE	RETURN RECEIPT NO.
1.				
2.				
3.				
4.				

(If additional Respondents were served, complete a second affidavit)

Dated at _____, Connecticut on _____
INSERT TOWN WHERE SIGNED INSERT DATE YOU SIGN THE AFFIDAVIT OF SERVICE

SIGNED _____
PETITIONER/ATTORNEY

Subscribed and sworn to before me at _____ this _____ day of _____.

COMMISSIONER OF THE SUPERIOR COURT/NOTARY PUBLIC

My Commission Expires _____