

**SUMMARY PROCESS (EVICTION)
ANSWER TO COMPLAINT**

JD-HM-5 Rev. 12-99
C.G.S. Sec. 47a-4a, 47a-5, 47a-7, 47a-20, 47a-23c, 47a-33, 47a-57

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

DOCKET NO.
RETURN DATE

NAME OF PLAINTIFF(S) (Landlord(s))

Judicial District Housing Session G.A. No. _____ AT: _____

NAME OF DEFENDANT(S) (Tenant(s))

ADDRESS OF COURT (No., street, and town)

SUMMARY PROCESS (EVICTION) ANSWER

(This section does not apply to Special Defenses below)

In response to EACH paragraph of the Complaint, please CIRCLE whether you AGREE, DISAGREE or DO NOT KNOW.

- | | | | | | |
|----------|----------|-------------|----------|----------|-------------|
| 1. Agree | Disagree | Do Not Know | 5. Agree | Disagree | Do Not Know |
| 2. Agree | Disagree | Do Not Know | 6. Agree | Disagree | Do Not Know |
| 3. Agree | Disagree | Do Not Know | 7. Agree | Disagree | Do Not Know |
| 4. Agree | Disagree | Do Not Know | 8. Agree | Disagree | Do Not Know |

SPECIAL DEFENSES

"X" THE BOXES NEXT TO THE STATEMENTS BELOW THAT APPLY TO YOU AND FILL IN THE INFORMATION REQUESTED.

- 1. All rent has been paid to my landlord.
- 2. Rent was offered to my landlord on (date): _____ which was before the date I received the Notice to Quit.
- 3. No rent is due, under Connecticut Law (C.G.S. Sec. 47a-4a) because there are housing or health code violations in violation of Connecticut Law (C.G.S. Sec. 47a-7(a)). LIST VIOLATIONS BELOW.
- 4. I notified my landlord, Housing Code, the Health Department, or the Building Department of the violations listed in No. 3 above on (date): _____
- 5. This eviction is being brought because I contacted my landlord or public officials or agencies with regard to complaints about my apartment (C.G.S. Sec. 47a-20 and 47a-33).
- 6. I filed a rent increase complaint with the Fair Rent Commission on (date): _____
- 7. I am blind, physically disabled, 62 years of age or older or permanently live with a spouse, sibling, grandparent or parent who is 62 years of age or older AND live in a building or complex of 5 or more units or reside in a mobile manufactured home park (C.G.S. Sec. 47a-23c).

ADDITIONAL INFORMATION:

DEFENDANT'S (TENANT'S) CERTIFICATION

I hereby certify that this answer is true to the best of my knowledge and that a copy was mailed/delivered to all counsel and pro se parties of record on:

DATE COPY(IES) MAILED OR DELIVERED

SIGNED (Attorney or pro se party)

ADDRESS (No., street, town, and zip code)

X

NAME OF EACH PARTY SERVED AND ADDRESS AT WHICH SERVICE WAS MADE*

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