

**ANSWER TO COMPLAINT  
CIVIL CASES ONLY**

JD-HM-18 Rev. 12-99

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

DOCKET NO.

RETURN DATE

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

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

Judicial District     Housing Session     G.A. No. \_\_\_\_\_ AT: \_\_\_\_\_

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

**ANSWER**

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**

**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 (Defendant's signature)

DATE SIGNED

**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.