

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

JD-HM-5 Rev. 1-23
C.G.S. §§ 47a-4a, 47a-5, 47a-7, 47a-15, 47a-20,
47a-20e, 47a-23c, 47a-33, 47a-33a, 47a-57, 49-31p

For information on ADA accommodations, contact the Centralized ADA Office at 860-706-5310 or go to: www.jud.ct.gov/ADA/

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



**This form is available
in other language(s).**

COURT USE ONLY	
ANSWER	ASD

Name of case _____ Docket number _____

Judicial District Housing Session Address of Court (Number, street, and town) _____

Section 1 - Summary Process (Eviction) Answer

For each numbered paragraph of the landlord's Complaint, select whether you **Agree, Disagree, or Do Not Know.**

- | | | | | | |
|-----------------------------------|-----------------------------------|--------------------------------------|-----------------------------------|-----------------------------------|--------------------------------------|
| 1. Agree <input type="checkbox"/> | Disagree <input type="checkbox"/> | Do Not Know <input type="checkbox"/> | 5. Agree <input type="checkbox"/> | Disagree <input type="checkbox"/> | Do Not Know <input type="checkbox"/> |
| 2. Agree <input type="checkbox"/> | Disagree <input type="checkbox"/> | Do Not Know <input type="checkbox"/> | 6. Agree <input type="checkbox"/> | Disagree <input type="checkbox"/> | Do Not Know <input type="checkbox"/> |
| 3. Agree <input type="checkbox"/> | Disagree <input type="checkbox"/> | Do Not Know <input type="checkbox"/> | 7. Agree <input type="checkbox"/> | Disagree <input type="checkbox"/> | Do Not Know <input type="checkbox"/> |
| 4. Agree <input type="checkbox"/> | Disagree <input type="checkbox"/> | Do Not Know <input type="checkbox"/> | 8. Agree <input type="checkbox"/> | Disagree <input type="checkbox"/> | Do Not Know <input type="checkbox"/> |

Section 2 - Special Defenses (Facts showing the court that the plaintiff has no legal right to evict you.)

Not all the special defenses listed below may apply to the reason(s) for eviction claimed by the landlord's complaint.

Select the special defenses that show the court that the plaintiff has no legal right to evict you and fill in the information requested.

- a. All rent has been paid to my landlord.
- b. Rent was offered to my landlord on (date): _____ which was before I received the Notice to Quit.
- c. The landlord accepted rent or otherwise waived the Notice to Quit after I received it.
- d. No rent is due under Connecticut law because of the housing or health code violations listed below:
 - e. I notified my landlord, Housing Code, the Health Department, and/or the Building Department of the violations listed in section d, above, on (date): _____
 - f. This eviction is being brought because I contacted my landlord and/or public officials or agencies to complain about my apartment.
 - g. I filed a rent increase complaint with the Fair Rent Commission on (date): _____
 - h. I live in a building or complex with 5 units or more or in a mobile manufactured home park **and**
 - I have a physical or mental disability, **or**
 - I am 62 years old or older, **or**
 - my spouse, sibling, parent, or grandparent is 62 years old or older and permanently lives with me, **or**
 - my spouse, sibling, child, parent, or grandparent has a physical or mental disability and permanently lives with me.
 - i. This eviction was brought after a foreclosure action, **and**
 - I have a written lease that is still in effect, **or**
 - I never received a 90 day letter (notice) before the notice to quit was delivered (served).
 - j. I remedied the issue(s) listed in the pre-termination notice delivered to me under Connecticut law.
 - k. **Additional reasons why I should not be evicted** (additional pages may be used, if necessary): _____

Defendant's (Tenant's) Certification

I certify that a copy of this document was or will immediately be mailed or delivered electronically or non-electronically on (date) _____ to all attorneys and self-represented parties of record and that written consent for electronic delivery was received from all attorneys and self-represented parties of record who received or will immediately be receiving electronic delivery.

Name and address of each party and attorney that copy was or will be mailed or delivered to*

*If necessary, attach additional sheet or sheets with name and address which the copy was or will be mailed or delivered to.

Signed (Signature of filer)	Print or type name of person signing	Date signed