

**AFFIDAVIT RE:
NONCOMPLIANCE WITH STIPULATION**

JD-HM-22 Rev. 11-15
P.B. § 17-53

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



<input type="checkbox"/> Judicial District at _____ <small>Address of Court (Number, street, town and zip code)</small>	<input type="checkbox"/> Housing Session at _____ <input type="checkbox"/> Geographical Area Number _____	Return Date _____ Docket Number _____
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Name of Case (First-Named Plaintiff vs. First-Named Defendant) _____

Date of Judgment _____	<input type="checkbox"/> Use & Occupancy Amount Due: _____ <input type="checkbox"/> Arrearage Amount Due: _____	Payment Date(s) _____ Payment Date(s) _____
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The undersigned duly deposes and says that I am the plaintiff or plaintiff's attorney in the above-entitled matter and states as follows:

1. I am over the age of eighteen years and I believe in the obligation of an oath.
2. On the above-mentioned date of judgment, the defendant was ordered to pay use and occupancy and/or an arrearage to the plaintiff/plaintiff's attorney in the amount shown above. This payment was to be made on or before the payment date indicated.
3. To date, this payment has not been received.
4. I am therefore requesting that a Summary Process (Eviction) Execution for Possession issue.

Signed (Plaintiff/Plaintiff's Attorney) _____
▶

Subscribed and sworn to before me on: _____
Date

Signed (Clerk/Commissioner of Superior Court/Notary Public) _____
▶

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 receiving electronic delivery.

Name and Address of Each Party Served (If necessary, attach additional sheet) _____

Signed (Signature of filer) _____ ▶	Print or type name of person signing _____	Date signed _____
Mailing address (Number, street, town, state and zip code) _____		Telephone number _____

<p style="text-align: center;">ADA Notice</p> <p>The Judicial Branch of the State of Connecticut complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation in accordance with the ADA, contact a court clerk or an ADA contact person listed at www.jud.ct.gov/ADA.</p>	<p style="text-align: center;">Notice To Defendant</p> <p>A Summary Process Execution will issue on the third business day after the filing of this affidavit with the court. If you object to the execution issuing, you must file an objection before the issuance of the execution with the clerk at the court address indicated above.</p>	<p style="text-align: center;"><i>FOR COURT USE ONLY</i></p> <p>File Date _____</p>
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Distribution: Original — Court File Copy 1 — Defendant Copy 2 — Plaintiff

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