

**ENTRY AND DETAINER
PROCEEDINGS SUMMONS AND
ORDER TO SHOW CAUSE**

JD-HM-23 Rev. 2-25
C.G.S. § 47a-43; P.B. § 10-13

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



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

Instructions to Clerk

1. Use this form in conjunction with JD-HM-24.
2. In the "Summons" section of this form, print the date and time the defendant is to appear to answer the complaint. This should not be more than eight nor less than six days from the date that the summons is signed by the judge.

<input type="checkbox"/> Judicial District	<input type="checkbox"/> Housing Session	At (Address of court)
Name(s) and current address of plaintiff(s)		Telephone number
Name(s) and current address of additional plaintiff(s)		Telephone number
Name and address of defendant		
Name and address of agent for service (if any)		

Summons

To: Any proper officer

By authority of the State of Connecticut, you are hereby commanded to summon the above-named defendant(s) to appear before the Superior Court **at the above address on the date and at the time and courtroom specified below**, to answer the attached complaint, by serving the defendant a true and attested copy of the same at least six days inclusive before the day of the hearing and make return of service to the court.

Date, time, and courtroom to which defendant is summoned to appear	Date	Time	Courtroom
Dated at (Town)	On (Date)	Signed (Judge of the Superior Court)	

Order to Show Cause

The plaintiff's(s') verified lockout complaint and application for temporary injunction was shown to the court. After review of the application, it is **ordered** that the defendant named above be summoned to the Superior Court named above **at the above address on the date and at the time specified in the above summons**, to show why a temporary injunction should not be issued (allowed) be continued, as requested in the attached complaint.

Dated at (Town)	On (Date)	Signed (Judge of the Superior Court)
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For the plaintiff(s) enter the appearance of:

Name and address of attorney, law firm or plaintiff if self-represented (Number, street, town and zip code)	Telephone number	Juris Number (If attorney or law firm)
The attorney or law firm appearing for the plaintiff, or the plaintiff if self-represented, agrees to accept papers (service) electronically in this case. Any attorney who is not exempt from e-filing is required to accept electronic delivery. (Practice Book Section 10-13) <input type="checkbox"/> Yes <input type="checkbox"/> No		Signature of plaintiff (if self-represented)
E-mail address for delivery of papers under Section 10-13		

Return of Service

Name of defendant					Date of service
In accordance with the Summons, I left with and in the hands of/at the usual place of abode of the above-named defendant(s) a true and attested copy of the verified complaint, and summons and order to show cause.					
Fees	Copy	Endorsement	Service	Travel	Total
Attest (Name and title)					